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ABSTRACT

This report presents an evaluation of family preservation programs in Kentucky, New Jersey, and Tennessee, and a county program in Philadelphia County, Pennsylvania. Key goals of these programs were reducing foster care placement, maintaining child safety, and improving family functioning. The statewide programs employed the Homebuilders program model, and the county program used a broader, home-based service model. Volume 1 of the report describes the study implementation, the study sites, and families in the Homebuilders model sites. Volume 2, which includes an executive summary, examines services and outcomes for both types of programs, analyzes attrition, and presents conclusions. In the evaluation, families were randomly assigned to a family preservation program or to regular service of the child welfare system. Information on parenting practices, family functioning, child well-being, and caseworker-caregiver interaction was collected through interviews. Information on family functioning was assessed at the beginning of services, at the close of Homebuilder services, and 1 year after services began. Administrative data provided information on children's placements, reentries, and subsequent abuse/neglect allegations up to 18 months after experiment entry. Staff attitudes and characteristics were collected through questionnaires. Discussions with personnel of provider

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agencies provided information about services, policies, staffing, training, and the service context. Findings revealed that the experimental group received more services and more intensive services than the control group in all four states. There were no significant group differences on family-level placement rates, proportion of time in substitute care, case closings, or subsequent maltreatment. There were a few child and family functioning items in which the experimental group displayed better outcomes than the control group at the end of Homebuilders services, but these results did not occur in more than one state. There were very few differences at the 1-year follow-up. The report's discussion focuses on implications and highlights the need to rethink the functions, target group, and characteristics of services and to examine the issues of program specialization, length, and intensity. Each report section contains references or endnotes. Volume 3 of the report comprises 11 appendices, which include the screening protocol, worker safety checklist, secondary analyses for chapters in volume 2, and study instruments.(KB)

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Evaluation of Family Preservation and Reunification Programs: Final Report

Executive Summary

[Main Page of Report | Contents of Report]

Contents

- Background
  - Legislation
  - Evaluations
  - The Homebuilders Model
  - Broader Home-based Family Preservation Service Model
- Evaluation Design
- Site Descriptions
- The Families
- Service Provision
- Findings

Endnotes

Background

This report presents an evaluation of family preservation programs. Family preservation programs are intended to prevent the placement of children in foster care when it can be avoided.(1) This report focuses on programs in four states. Three of the sites employ the Homebuilders model of family preservation, thought by many to be the most promising approach. The fourth site employs a broader, home-based, family preservation service model.

An interim evaluation report was released in October 2000. The interim report presented description, service, and outcome analyses on the Homebuilders study sites. This report expands on the interim report by including description, service, and outcome analyses of the non-Homebuilders site. Additionally, analyses on sample attrition, social support, investigating worker questionnaires, staff questionnaires, and secondary analyses are included in this report.(2)

Society has accepted a measure of responsibility for the well-being of children. These measures allow government to intervene in family life when a child is severely threatened by abuse or neglect, dependency due to death or disability of parents, or family conflict. Governmental intervention includes removing children from their homes when that is necessary. However, it has long been thought that children should remain in their parent's care whenever possible, consistent with their safety. The tension between assuring the safety of children and maintaining the integrity of families has been a perennial source of debate in the child welfare field and in our society more generally.

Legislation

In 1980, Congress passed the Adoption Assistance and Child Welfare Act of 1980 (P.L. 96-272). This Act required states to make "reasonable efforts" to prevent children from entering foster care and to return children who are in foster care to their families. Part of the response of states to that Act was the development of family preservation programs. The emphasis on family preservation was further codified in the 1993 Omnibus Budget Reconciliation Act, which established a 5-year capped entitlement program to encourage the development of family preservation and family support programs.

This program was revised and extended by P.L. 105-89, the 1997 Adoption and Safe Families Act (ASFA). The Adoption and Safe Families Act changed and clarified a number of policies established in the 1980 Act with a renewed emphasis on safety, permanency, and adoption. ASFA placed Federal family preservation initiatives under the rubric of "Promoting Safe and Stable Families" and extended funding for FY 2001. The law made safety of children the paramount concern in service delivery and increased the need to understand how family preservation services strengthen families and prevent foster care placement and subsequent abuse and neglect allegations.

Public Law 107-133, the "Promoting Safe and Stable Families Amendments of 2001" was signed into law in January 2002. This legislation reauthorized family preservation services through 2006. Additionally, the legislation authorized the Court Improvement Program, and offered states flexibility in defining family preservation services to allow states to support infant safe haven programs and strengthen parental relationships and promote healthy marriages.

Evaluations

There have been a number of other evaluations of family preservation programs. Early evaluations suggested these programs had considerable promise but these studies were criticized for flaws in research design. Later, more rigorously designed studies began to cast doubt on the extensive claims of success. The largest of these studies were in California, New Jersey, and Illinois. No placement prevention effects were found in California and Illinois, while the study in New Jersey found short-term effects that dissipated with time.(3) However, these studies were also criticized, most notably for not having examined programs thought to be most effective, those based on the Homebuilders approach.

The evaluation reported here was mandated by Congress in the 1993 legislation and was intended, in part, to provide information for deliberations on reauthorization of the funding. It is hoped that the evaluation will also be useful to the states in making decisions about child welfare programs and to program planners and practitioners in developing responses to significant social problems.

The evaluation was designed to overcome shortcomings of previous studies of family preservation programs. It studied the Homebuilders model of service in the states of Kentucky, New Jersey, and Tennessee. The Homebuilders model is the approach to family preservation that many observers believe to be the most effective. The evaluation also studied a program model somewhat less intensive than Homebuilders, in Philadelphia. The evaluation examined a number of outcomes. Placement prevention is a major goal of these programs, but family preservation is expected to achieve that goal while assuring the safety of children. A further important goal of these programs is improvement in functioning of parents, children, and families. Finally, it is expected that these programs will enable child welfare agencies to close cases more quickly, ending their involvement with families. Hence, besides placement prevention, the evaluation assessed the safety of children, changes in child and family functioning, and rates of case closure.

An additional issue raised in the earlier evaluations of family preservation concerned the targeting of these programs. It was found that the families served by these programs often were not those for whom they were intended: cases in which it was likely that at least one child would be placed in foster care without special intervention. The evaluation sought to throw light on this issue for the Homebuilders models as well.

The Homebuilders Model

Homebuilders, a foster care placement prevention program developed in 1974 in Tacoma, Washington, calls for short-term, time-limited services provided to the entire family in the home.(4) The program is based, in part, on crisis intervention theory. This theory holds that families experiencing a crisis — that is, about to have a child placed in foster care — will be more amenable to receiving services and learning new behaviors. Social learning theory also plays a part in defining the Homebuilders model. Social learning theory rejects the belief that changes in thinking and feeling must precede changes in behavior. Instead, behavior, beliefs, and expectations influence each other in a reciprocal manner. Key program characteristics include:

- contact with the family within 24 hours of the crisis
- caseload sizes of one or two families per worker
- service duration of four to six weeks
- provision of concrete services and counseling
- the family receiving up to 20 hours of service per week.

Broader Home-based Family Preservation Service Model

The broader home-based model focuses on the behavior of the family overall, and attempts to change the way in which the family functions as a whole and within the community. Aside from a primary goal of placement prevention, the model also seeks to improve functioning of parents, families, and children. Programs using the home-base model stress longer-term interventions based on family systems theory. One study site, the Philadelphia Family Preservation Services (FPS), used a broader home-based model. FPS tailored home-based services to build upon the Pennsylvania Free substance abuse services provided in the 1980s. Key characteristics of the Philadelphia FPS program included: 12 weeks of service to families, focus on drug and alcohol abuse in families, caseload sizes of five families per worker, and provision of both concrete services and counseling.

[Go To Contents]

Evaluation Design

The design for this evaluation was an experiment in which families were randomly assigned either to a family preservation program (the experimental group) or to other, "regular," services of the child welfare system (the control group). This report concerns programs in Louisville, Kentucky; seven counties in New Jersey; Memphis, Tennessee; and Philadelphia, Pennsylvania. Information was collected through interviews with caseworkers and caretakers to examine caretakers' parenting practices, interaction with children, discipline, social networks, economic functioning, housing, abuse and neglect, psychological functioning, child well-being, and caseworker/caretaker interactions. These interviews were conducted with:

- The investigating worker, caseworker, and caretaker of each family at the start of services;
- The caseworker and the caretaker at the conclusion of family preservation services and at a comparable point in time for families in the control group; and
- The caretaker one year after entry into the experiment.

After each in-person contact with families, experimental and control caseworkers completed a one-page form describing the services provided during the contact. Administrative data provided information on children's placements, reentries, and subsequent abuse and neglect allegations up to 18 months after entry into the experiment. Staff attitudes and characteristics were collected through a self-administered questionnaire. Throughout the project, discussions were held with personnel of the public agency and service provider agency to gather information about agency services, policies, staffing, training, and the context of services.

Site Descriptions

While data collection efforts were the same across sites, the sites varied in their approach to identifying families for services, the populations served, and the type of services provided (Table 1).

Table 1.
Study Site Descriptions

Program Description	**Kentucky**	**New Jersey**	**Tennessee**	**Philadelphia**
Program Attributes				
Location of evaluation	Jefferson County (Louisville) Fayette County (Lexington)	Bergen, Burlington, Camden, Essex, Monmouth, Ocean, and Passaic counties.	Shelby County (Memphis)	Philadelphia County
Program type	Statewide FP program	Statewide FP program	Statewide FP program	County FP program
Program model	Homebuilders model	Homebuilders model	Homebuilders model	Specialized program model
Responsibility for:				
Selection criteria	State office coordinator	State office coordinator	State office coordinator	Public specialized FPS section
Training	State office coordinator	State office coordinator	State office coordinator	State DHS office
FP provider oversight	State office coordinator	State office coordinator	State office coordinator	State DHS office
Providers	Single FPS provider in study location.	Single FPS provider in each county location.	Single FPS provider in study.	Three private FPS providers in study
Screener	Targeted cases were at high risk	Targeted cases were at	Targeted cases were at	Targeted cases were at

	and should have entered foster care without FP. High-risk family court cases where a petition was filed were reviewed for placement in the study. Public agency screener reviewed all cases referred to FPS for appropriateness.	high risk and should have entered foster care without FP. Each county had a screener to review cases referred for FP and make sure there were openings in the program.	high risk and would have entered foster care without FP. For the study, the screener referred cases to the FP program (prior to the study workers referred cases directly to program)	intermediate risk of removal from home. DHS FPS supervisor screened cases to the FPS program and determined if there was an opening in the program.
Population Attributes				
Population criteria	FP cases referred from intake and ongoing units.	FP cases referred from intake and ongoing cases.	FP cases referred from intake only.	FP cases were referred from CPS intake only
Child age limit	Children under 18 years of age. At time of study, the state was trying to refocus delivery of FP to younger children.	All children under 18. At the time of study, the state was trying to refocus delivery of FP to younger children but not all counties modified targeting.	1 child in the family had to be under 13 years of age.	All children under 18 The program originally focused on young children but progressed to serving families with older children

- **Kentucky** had a statewide program that uses the Homebuilders model. A state office coordinator was responsible for developing uniform selection criteria, training, contracting with family preservation providers, and overseeing the state program. The evaluation was conducted in Louisville. This location provided a single-family preservation provider agency. Child abuse and neglect cases in Louisville were referred from intake or ongoing workers. A public agency screener reviewed all cases referred for family preservation services. Her role was to ensure that cases were appropriate for the service. There was no age limitation on the children included in the experiment. In Kentucky, there were 174 cases in the experimental group and 175 in the control group.
- **New Jersey** had a statewide program using the Homebuilders model at the time of the study. During the data collection, a state office coordinator was responsible for developing uniform selection criteria, training, contracting with providers, and program oversight. The study was conducted in seven counties: Bergen, Burlington, Camden, Essex, Monmouth, Ocean, and Passaic. Each county had a separate family preservation provider agency. The study population included Division of Youth and Family Service child abuse and neglect and family problem cases (primarily adolescent-parent conflict cases) referred from intake or ongoing workers. Each county had a screener to review cases referred for family preservation. Their major role was to review the appropriateness of the referrals and to make sure there were openings in the program. When the study began, the state was trying to refocus delivery of family preservation services to families with younger children. Not all counties conformed to this expectation, so all children under 18 were included in the experiment. In New Jersey, there were 275 cases in the experimental group and 167 in the control group.
- **Tennessee** had a statewide program using the Homebuilders model during the study period. It also had a state office coordinator responsible for developing uniform selection criteria, training, contracting with providers, and program oversight. The evaluation was conducted in Memphis and focused on families with children under 13 years old referred from the Department of Children's Services. Cases were referred only from intake workers. Prior to the study, workers referred cases directly to the family preservation program. For the study, cases were referred to a screener rather than directly to the program. In Tennessee, there were 98 cases in the experimental group and 49 in the control group.
- **Philadelphia** had a family preservation program that used a broader service model than the traditional Homebuilders model during the study period. The state office was responsible for training and program oversight. The agency-specialized FPS section developed selection criteria for referral. FPS were provided by private agencies in a public-private collaboration. The evaluation included three private agencies — Abraxas Foundation, Tabor Children's Services and Youth Service, Inc. FPS were provided by Abraxas Foundation and Tabor Children's Services. All three agencies provided non-FPS Services to Children in their Own Home (SCOH) services to families. Cases were referred only from intake workers. Referrals came through a public supervisor who screened cases for FPS. In Philadelphia, there were 209 cases in the experimental group and 144 in the control group.

[Go To Contents]

The Families

Most families in the study had birth mothers as the primary caretakers. In Kentucky, New Jersey, and Tennessee about half of these women had not graduated from high school. In Philadelphia, 65 percent of the women had not graduated from high school. Half of the households in Tennessee and Philadelphia were headed by a single-birth mother, compared to 43 percent in Kentucky, and 34 percent in New Jersey (Table 2).

Table 2
Description of the Families at Time of Initial Interviews

	Kentucky		New Jersey		Tennessee		Philadelphia	
	N	**%**	**N**	**%**	**N**	**%**	**N**	**%**
Gender of caretaker/respondent	311		328		117		263	
Male		7		12		7		5
Female		93		88		93		95
Race of caretaker/respondent	310		327		116		263	
African American (not Hispanic)		43		42		83		80
Caucasian (not Hispanic)		55		47		15		15
Hispanic		1		9		1		2
Other		1		2		0		2
Respondent's education level	311		325		116		263	
Elementary school or less		9		9.4		9		4
Some high school		44		40		46		61
High school graduate or obtained GED		32		26		18		19
College		14		20		22		11
Special education or vocational schooling		1		4.0		4		4
Respondent's marital status	310		328		117		263	
Married		24		30		17		10
Divorced		19		23		13		7
Separated		21		11		14		11
Widowed		3		6		3		3
Never married		33		30		54		69
Respondent's relationship to youngest child	292		326		117		263	
Birth mother		85		69		85		91
Biological father		67		10		6		5
Grandmother		6		12		3		3
Other relative		2		9		6		2
Household composition	311		328		117		263	
Birth mother, no other adults		43		34		49		50
Birth mother & 1 male adult		24		27		20		20
Birth mother & extended family*		9		8		14		19
Biological father*		6		10		6		5
Other relative caretaker*		7		18		9		5
Other**		10		4		3		3
	N	**Mean**	**N**	**Mean**	**N**	**Mean**	**N**	**Mean**

Age of respondent	306	32	324	39	116	33	260	33
Age of youngest child	311	5	328	7	117	4	263	4
Age of oldest child	311	10	328	13	117	11	263	11
Number of kids	311	3	328	3	117	3	263	3
Number of adults	311	2	328	2	117	2	263	2

[*] These categories may also include other non-related adults in the home.

[**] Includes: non-relative caretaker, adoptive or step-parent, birth mother & non-related females, or birth mother, and more than one non-related male.

At the time of referral to the Family Preservation program, families were experiencing a range of problems, some quite severe, others much less so (Table 3). Examples included one case with children ages 10 and 12 who were not enrolled in school for nearly a month and who were at risk of being removed from their home due to truancy and neglect. Another family was living in a home with no electricity, no heat, no food, no working appliances, a non-working toilet which was full of feces, and all four children slept in one bed. Yet another involved children who were sexually abused and who displayed extremely violent, uncontrollable and sexually inappropriate behavior at home and school. Although there was considerable diversity of problems, parental mental health and problematic child behavior were common issues.

Table 3
Selected Child and Family Problem Areas (% responding yes)

Item	Kentucky %	New Jersey %	Tennessee %	Philadelphia %
Caretaker Problems				
Felt blue or depressed	55	58	62	62
Felt nervous or tense	56	52	53	53
Just wanted to give up	31	33	28	33
Overwhelmed with work or family responsibility	47	56	46	52
Not enough money for food, rent, or clothing	49	52	56	56
Participation in AFDC, food stamps, WIC, social security disability, or housing vouchers	82	68	80	90
Child Problems (% of cases for which the question was relevant)				
Child doesn't show much interest in what is going on	84	20	29	17
Child get(s) upset easily	69	74	60	59
Throw(s) tantrums	83	79	67	70
Fight(s) a lot with other kids	33	40	18	31
Has/Have language problems	30	26	25	18
Is/Are very aggressive toward you	43	56	18	33
Hangs with friends you don't like	28	49	44	25
Been absent from school a lot	38	42	27	19
Run away from home overnight	10	26	21	5
Been temporarily suspended from school	30	32	42	22
Been expelled from school	11	9	16	4
Took something that didn't belong to him or her	34	42	27	24
Absent from school for no good reason	30	27	18	9
Failed any classes	27	41	38	25

At the time of the first interview, approximately half of the caretakers self-reported feelings of depression or stress. In Kentucky and New Jersey, approximately half of the caretakers answered affirmatively to each of three questions about emotional difficulties: "feeling blue or depressed," "feeling nervous or tense," and "feeling overwhelmed with work or family responsibility." Caretakers in Tennessee and Philadelphia reported these difficulties at an even higher rate. Substantial proportions of caretakers reported behavioral problems in children. Between 59 and 74 percent said at least one of their children got upset easily, and two-thirds to four-fifths indicated that the children threw tantrums. Many said their children fight a lot with other kids (18% to 40%) and were very aggressive with their parents (18% to 56%). A number had problems in school, between 22 and 42 percent had children who had been suspended from school while 4 to 16 percent had children who had been expelled.

Half or more of the respondents in all four states indicated that they did not have enough money for food, rent, or clothing. About two-thirds of the respondents in New Jersey reported they participated in at least one of the five income-support programs: AFDC, food stamps, WIC, social security disability, and housing vouchers. In Kentucky and Tennessee, about 80 percent participated in one of these programs, and in Philadelphia participation was at 90 percent.

A number of families had previous involvement with the child welfare system. In Tennessee, 41 percent had previous substantiated allegations of abuse or neglect compared to 47 percent in Kentucky, 53 percent in New Jersey, and 81 percent in Philadelphia. In Kentucky and New Jersey, a fifth of the families had children who had previously been in foster care. The rate was slightly lower in Philadelphia at 17 percent. In Tennessee, only a few families had children who had previously been placed.

It might be noted that no mention is made here of substance abuse problems, thought by many to be a major issue in many families involved with the child welfare system. Very few caretakers admitted to alcohol or substance abuse in our initial interviews; fewer than five percent said they had either alcohol or drug problems. The exception was in Philadelphia and Tennessee, where 9 percent and 8 percent respectively said they "used drugs several times a week." These are likely underestimates of the extent of substance misuse in the samples particularly in Philadelphia since FPS service providers in the Philadelphia study site focused on serving families with substance abuse problems. However, other states had policies regarding referrals to family preservation that may have limited the number of families with these problems. For example, New Jersey believed that family preservation should be used cautiously for substance abuse problems. Its FPS policy manual suggested that it is unlikely that a substance abuse problem can be resolved in a 5-6 week period. In Kentucky, families in which a drug-dependent adult was not in active treatment were excluded from the program.

[Go To Contents]

Service Provision

In all sites, the caretaker interview, the caseworker interview, and the contacts data generally confirmed the expectation that the experimental group would receive more services and more intensive services than the control group (Table 4). In all four states, the number of experimental group caseworker activities reported by caretakers was greater than that reported by control group respondents, and this was also true of "helpful" caseworker activities. As for specific caseworker activities, experimental group workers in all four states were more likely to provide transportation, and talk about discipline.

Table 4
Summary of Services, Post-Treatment Interview

Caseworker Activities:												
Proportion of affirmative answers by caretakers to yes/no questions	**Kentucky**			**New Jersey**			**Tennessee**			**Philadelphia**		
	C %	**E %**	**p**	**C %**	**E %**	**p**	**C %**	**E %**	**p**	**C %**	**E %**	**p**
Is caseworker still working with family	79	64	0.006	75	31	0.001	57	34	0.02			
Caseworker helped with money for rent, electricity, phone	3	17	0.001	5	4		5	10		3	4	
Caseworker helped with money for other things	9	35	0.001	10	14		11	19		5	22	.001
Caseworker provided transportation	16	42	0.001	12	25	0.003	19	34	0.10	35	50	.03
Caseworker discussed proper feeding of child	14	20		5	11	0.06	16	28		22	28	
Caseworker talked with you about discipline	35	55	0.001	39	60	0.001	46	70	0.01	32	53	.002

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Caseworker talked with you on relationship with spouse	16	18		8	14	0.09	11	34	0.01	13	20	
Caseworker talked with you about how to handle anger	28	43	0.005	29	53	0.001	42	70	0.004	31	37	
Caseworker told you about other agencies	38	43		42	56	0.01	19	33	0.13	39	47	
Caseworker advised on job training programs	9	19	0.009	7	10		8	16		23	36	.04
Caseworker talked about how to get paying job	6	17	0.004	5	8		11	18		19	33	.02
Caseworker advised on how to continue school	9	18	0.04	5	8		14	23		21	34	.03
Caseworker talked about uneasy issues	27	34		29	44	0.008	22	51	0.003	27	36	
Caseworker helped you see good qualities	37	79	0.03	47	70	0.001	53	82	0.001	68	82	.01
Caseworker helped you see your problem	66	76	0.10	52	72	0.001	50	82	0.001	74	76	
Caseworker understood your situation	75	90	0.002	62	79	0.001	64	79	0.08	82	82	
NOTE: C = Control Group, E = Experimental Group												

Table 4
Summary of Services, Post-Treatment Interview, Continued

	Kentucky			New Jersey			Tennessee			Philadelphia		
	C Mean	E Mean	p	C Mean	E Mean	*p*	C Mean	E Mean	*p*	C Mean	E Mean	*p*
CT report of # of caseworker activities	2.18	3.90	0.0001	2.31	3.25	0.001	2.89	4.60	0.02	2.9	4.6	.0001
CT report of # of "helpful" caseworker activities	1.04	1.68	0.0001	1.11	1.97	0.0001	0.83	1.33	0.04	1.5	2.2	.02

Services Provided:												
Proportion of affirmative answers by caretakers to yes/no questions												
	Kentucky			**New Jersey**			**Tennessee**			**Philadelphia**		
	C %	**E %**	**p**	**C %**	**E %**	**p**	**C %**	**E %**	**p**	**C %**	**E %**	***p***
Anyone been in job training program	**3**	**8**	**0.09**	2	3		3	4		20	26	
Anyone been in WIC	**32**	**45**	**0.02**	22	20		51	41		40	44	
Been in a marriage counseling program	**0**	**7**	**0.006**	2	2		0	1		2	2	
Anyone receive daycare	**5**	**19**	**0.001**	10	7		26	26		11	15	
Anyone receive transportation	**7**	**16**	**0.02**	14	12		17	19		**25**	**39**	**.02**
Anyone receiving parent education/training	13	19		6	10		*20*	*8*	*0.06*	16	37	
Anyone receive counseling	**35**	**52**	**0.003**	50	56		>9	17		21	26	
Anyone receive help finding a place to live	1	4		5	2		*17*	*5*	*0.04*	9	9	
Anyone stay at an emergency shelter	1	1		2	1		*6*	*0*	*0.03*	4	3	
Anyone receive medical or dental care	8	15	0.07	36	42		*34*	*16*	*0.03*	33	39	
Anyone receive												

homemaker services	1	3		6	3		*14*	*3*	*0.02*	1	1	
Were any needed services not gotten	27	19		*56*	*42*	*0.01*	39	24	0.10	24	19	
	C Mean	**E Mean**	*p*	**C Mean**	**E Mean**	*p*	**C Mean**	**E Mean**	*p*	**C Mean**	**E Mean**	*p*
Caseworker report of # of services provided	**3.16**	**4.99**	**0.001**	**2.31**	**3.17**	**0.001**	**1.58**	**3.19**	**0.0002**	**3.4**	**4.9**	**.0004**

NOTE: C = Control Group, E = Experimental Group
Table only includes items with a primary p-value less than .05 in at least one of the states; p-values greater than .20 are not reported.
Items in bold indicate significant findings in favor of the experimental group; italicized items indicate significant findings in favor of the control group.

Central casework activities with families included counseling families, handling anger, and child discipline. These activities reflect common problems with families that are of paramount concern to the child protective system. Experimental group caseworkers in the Homebuilders states were more often reported to have talked about difficult issues, to have helped the caretaker to see her/his good qualities and problems, and to have understood the parent's situation. In Philadelphia, caretakers reported much the same.

Insofar as there are differences between groups, it can be assumed that the experimental conditions held since the experimental group received substantially more services than the control group. As is to be expected in real life implementations of models, the programs did not adhere completely to the Homebuilders approach as described above. In addition to other critical elements of family preservation, the Homebuilders model specifies that workers should provide an in-home contact within 72 hours of referral, and family preservation workers should be available 7 days per week. Substantial contact should take place within the first week; the model's developers suggest that the typical case receive 11 hours of service in that time. Concrete services are also an important component of service, particularly early in the case. Based on caseworker reports, families did not always receive contact within 72 hours, fewer than expected contacts occurred in the first week of the program, and few contacts occurred on weekends. There was relatively little provision of concrete services early on.

[Go To Contents]

Findings

This evaluation of family preservation programs was designed to assess the extent to which key goals of the programs are being met: the goals of reducing foster care placement, maintaining the safety of children, and improving family functioning. The assessment of effects on placement and safety of children was based on administrative data, which were available on families for at least one year after the beginning of service. Family functioning was assessed through interviews with caretakers at the beginning of service, one month later (at the end of service for the family preservation group), and a year after the beginning of service. Interviews with caseworkers were also conducted at the beginning and one month points.

No significant differences were found between the experimental and control groups on family level rates of placement, case closings, or subsequent maltreatment. There were a few child and family functioning items in which the experimental group displayed better outcomes than the control group in at least one of the states. However, these results did not occur in more than one state. It was found that family preservation programs in two states resulted in higher assessments by clients of the extent to which goals have been accomplished and of overall improvement in their families' lives.

Reducing Foster Care Placement. In none of the four states were there statistically significant differences between the experimental and control groups on family level rates of placement or case closings (Table 5). In Kentucky, placement rates at the end of one year were 25 and 24 percent for the experimental and control groups, respectively. In New Jersey, the percents were 29 and 22 percent. The rates in Tennessee were 23 and 19 percent. In Philadelphia, placement rates were 18 and 15 percent at the end of one year.

Table 5
Summary of Placement Data, Survival Analyses Percents of Families Experiencing Placement of at Least One Child Within Specified Periods of Time

	1 month		6 months		12 months		18 months	

Kentucky	E	C	E	C	E	C	E	C
Primary analyses	6	5	18	18	25	24	27	27
Secondary analyses	4	4	12	18	20	23	24	25
Refined analyses								
Investigative	8	5	15	14	26	15	28	20
Recent substantiation	6	2	20	11	29	13	32	18
Petition cases	6	9	16	14	22	29	25	32

	1 month		6 months		12 months		18 months	
New Jersey	E	C	E	C	E	C	E	C
Primary analyses	5	6	19	17	29	22	35	26
Secondary analyses	3	6	17	17	27	23	34	27
Refined analyses								
Investigative	3	5	16	12	25	15	32	19
Recent substantiation	8	5	19	12	25	14	33	21

	1 month		6 months		12 months	
Tennessee	E	C	E	C	E	C
Administrative data, primary analysis	11	11	22	19	23	19
Administrative data, secondary analysis	7	12	18	19	19	19
Including relatives, primary	11	11	26	21	28	23
Including relatives, secondary	7	12	20	19	23	21
Refined analyses						
Recent investigation, CORS*	7	12	15	15	17	15
Recent investigation, includes Relative	7	12	18	18	22	21

	1 month		6 months		12 months		18 months	
Philadelphia	E	C	E	C	E	C	E	C
Primary analyses	1	1	10	12	18	15	24	20
Secondary analyses	1	1	9	13	15	16	21	19

* Client Operation and Review System

As to be expected with any program, some of the families assigned to family preservation programs did not receive the services or received a minimal dosage of the services. In addition, a small number of the families in the control group were actually provided family preservation services. To address these issues, analyses were conducted in which these cases were dropped (secondary analysis). Results of the secondary analyses were quite similar to the primary analyses, also showing no significant differences between the groups in rates of placement.(5)

The ideal family preservation case is one in which there has been a recent significant crisis in the family, resulting in the maltreatment that triggers the possibility of removal of the child from the home. Subsamples of cases that approached this ideal were examined. Again in these analyses, there were no statistically significant differences between the experimental and control groups in placement rates over time.

In addition to placement rates at various points in time, placement was examined in terms of proportion of time in substitute care after random assignment. No significant differences were found in care days for the families in any of the four states. In Kentucky, both the experimental and control group children spent an average of 6 percent of the days after random assignment in care. In New Jersey and Philadelphia, experimental group children spent an average of 6 percent of that time in placement compared to 4 percent for the control group children. In Tennessee, experimental group children spent an average of 10 percent of that time in placement, compared to 5 percent for the control group children.

Targeting. Since these programs were intended to prevent the placement of children, the target group for the Homebuilders program services was families in which at least one child was "in imminent risk of placement."(6)

As in previous studies, it was found that most of the families served were not in that target group. This is shown by the placement rate within a short period in the control group, indicating the placement experience in the absence of family preservation services. In all three states, the placement rate in the control group within one month was quite low. It would, therefore, have been virtually impossible for the programs to be effective in preventing imminent placement, since very few families would have experienced placement within a month without family preservation services.

A number of subgroups that were thought to represent better targeting were examined. These included:

- cases coming directly from the investigation of an allegation of abuse or neglect,
- cases with recent substantiated allegations of abuse or neglect,
- cases in a Kentucky subgroup in which workers had submitted petitions to the court for placement or some other court-ordered intervention.

In none of these subgroups did placement rates in the control group within one month exceed 12 percent. Hence, even in these more refined (from the standpoint of targeting) subgroups the intended target group, children in imminent risk of placement, was not in evidence.

It should be noted that the results found here occurred despite efforts in this project to improve targeting. In Kentucky and New Jersey, a special screening form, developed by the evaluation team, was employed to rate the risk to children with the intent that cases with intermediate risk would be referred to the program. In Kentucky, efforts were made to divert to family preservation cases that had been referred to the court. In Tennessee, special training efforts were instituted to address concerns about targeting.

Child Safety. Maltreatment after the beginning of service was generally not related to experimental group membership, except for one subgroup in Tennessee. Subsequent maltreatment was measured by the occurrence or nonoccurrence of a substantiated allegation of abuse or neglect following an investigation of such an allegation. The rate of subsequent maltreatment was relatively low, about 18 percent of the families in Kentucky had a substantiated allegation within one year of random assignment; in New Jersey the rate was 12 percent and in Tennessee, 25 percent. In Tennessee, in those families with an allegation within 30 days prior to random assignment, the experimental group children experienced fewer substantiated allegations than children in the control group did.

The findings of little difference between the experimental and control groups in subsequent maltreatment can be read in two ways. It indicates that families served by family preservation were no more likely than families not receiving the services to be subjects of allegations of harm. In this sense, children were, largely, kept safely at home while receiving family preservation services. However, children in both groups were primarily in their homes, and family preservation did not result in lower incidence of maltreatment compared with children in the control group.

Subgroups. In an effort to identify groups of cases for which family preservation is effective, subgroups of Kentucky, New Jersey, and Philadelphia cases were examined.(7) Subgroups were defined in terms of problems of the family (e.g., substance abuse, financial difficulties, and depression) and family structure. Within these subgroups, experimental and control groups were compared on placement and substantiated allegations after random assignment. Two significant differences were found. Among single mothers in New Jersey, those in the experimental group were less likely to have a subsequent substantiated allegation than those in the control group. Among families in Philadelphia who identified a child having problems with school, those in the experimental group were more likely to have a substantial allegation than those in the control group. No subgroups were found in which there were effects on placement in any state.

Family Functioning. In a few areas of family functioning, across states, families in the experimental group appeared to be doing better at the end of services. There were very few differences at the year follow-up and in changes over time. Those differences that did appear (primarily at the end of services) were not consistent across states and were not maintained. Family functioning was assessed through caretaker and caregiver interviews at three points in time — shortly after the beginning of services, four to six week later (at the end of services for the Homebuilders group), and again a year after services began. Differences between groups at post treatment, follow-up, and change over time are presented in Table 6.

Table 6
Summary of Family and Child Functioning Outcomes
Differences Between Experimental and Control Groups
at Post Treatment, Followup, and Change Over Time

Area	Post treatment	Follow-up (1 year after start of treatment)	Change over time
Life events			
Positive life events	KY: Ø NJ: Ø TN: Ø PA: Fewer experimentals experienced positive life events	KY: Ø NJ: Ø TN: Ø PA: Ø	KY: Ø NJ: Ø TN: Ø PA: Ø
Negative life events	KY: Ø NJ: Ø TN: Ø PA: Ø	KY: Ø NJ: Ø TN: Ø PA: Ø	KY: Ø NJ: Ø TN: Ø PA: Ø
Depression	KY: Ø NJ: Ø TN: Ø PA: Ø	KY: Ø NJ: Ø TN: Ø PA: Ø	KY: Ø NJ: Ø TN: Ø PA: Ø
Family problems, individual items	KY: Ø NJ: fewer experimentals not enough money for food, rent, or clothing TN: fewer experimentals had few or no friends PA: Ø	KY: Ø NJ: Ø TN: Ø PA: Ø	N/A
Economic functioning			
Individual items	KY: Ø NJ: fewer experimentals difficulty paying rent and buying clothes TN: Ø PA: Ø	KY: Ø NJ: Ø TN: fewer experimentals having difficulty paying rent PA: more experimentals having difficulty buying food and clothes	N/A
Scale	KY: Ø NJ: experimental average lower (better) TN: Ø PA: Ø	KY: Ø NJ: Ø TN: Ø PA: Ø	KY: Ø NJ: Ø TN: Ø PA: Ø
Household condition			
Individual items	KY: experimentals had fewer broken windows or doors NJ: Ø TN: more experimentals in unsafe building because of illegal acts PA: Ø	KY: Ø NJ: Ø TN: Ø PA: more experimentals reporting not enough basic necessities	N/A
Scale	KY: Ø NJ: Ø TN: Ø PA: Ø	KY: Ø NJ: Ø TN: Ø PA: Experimental group reporting more problems in household condition	KY: Ø NJ: Ø TN: Ø PA: Ø
Child care practices			
Individual items	KY: fewer experimentals used punishment for not finishing food NJ: experimentals less often got out of	KY: Ø NJ: Ø TN: Ø	

	control when punishing child and more often encouraged child to read a book TN: more experimentals went to amusement park, pool, or picnic PA: Ø	PA: Ø	
Positive scale	KY: Ø NJ: Ø TN: Ø PA: Ø	KY: Ø NJ: Ø TN: Ø PA: Ø	KY: Ø NJ: Ø TN: Ø PA: Ø
Negative scale	KY: Ø NJ: experimentals lower (better) TN: Ø PA: Ø	KY: Ø NJ: Ø TN: Ø PA: Ø	KY: Ø NJ: Ø TN: Ø PA: Ø
Punishment	KY: Ø NJ: experimentals lower (better) TN: Ø PA: Ø	KY: Ø NJ: Ø TN: Ø PA: Ø	KY: Ø NJ: Ø TN: Ø PA: Ø
Caretaker depression	KY: Ø NJ: Ø TN: Ø PA: Ø	KY: Ø NJ: Ø TN: Ø PA: Ø	KY: Ø NJ: Ø TN: Ø PA: Ø
Child behavior			
Aggression	KY: Ø NJ: Ø TN: Ø PA: Ø	KY: Ø NJ: Ø TN: Ø PA: Ø	KY: Ø NJ: Ø TN: Ø PA: Ø
School problems	KY: Ø NJ: Ø TN: Ø PA: Ø	KY: Ø NJ: Ø TN: Ø PA: Ø	KY: Ø NJ: Ø TN: Ø PA: Ø
Positive child behaviors	KY: Ø NJ: Ø TN: Ø PA: Ø	KY: Ø NJ: Ø TN: Ø PA: Ø	KY: Ø NJ: Ø TN: Ø PA: Ø
Negative child behaviors	KY: Ø NJ: experimental group lower (better) TN: Ø PA: Ø	KY: Ø NJ: Ø TN: Ø PA: Ø	KY: Ø NJ: Ø TN: Ø PA: Ø
Overall assessment of improvement	KY: experimentals, greater improvement NJ: experimentals, greater improvement TN: Ø PA: Ø	KY: Ø NJ: Ø TN: Ø PA: Ø	N/A
Caseworker report of caretaker functioning			
Individual items	KY: Ø NJ: control group higher (better) in ability in giving affection and providing learning opportunities TN: experimental group higher (better) on five items PA: Ø	N/A	KY: control group had more positive change in respecting child's opinions NJ: control group had more positive change in respecting child's opinions TN: experimental group more positive change on setting firm and consistent limits PA: Ø
Scale	KY: Ø	N/A	KY: Ø

	NJ: Ø TN: experimental group higher (better) PA: Ø		NJ: Ø TN: Ø PA: Ø
Caseworker report of household condition	KY: control group better NJ: control group better TN: Ø PA: control group worse	N/A	KY: Ø NJ: Ø TN: Ø PA: Ø
Caseworker report of caretaker problems	KY: experimentals more problems NJ: Ø TN: Ø PA: Ø	N/A	KY: Ø NJ: Ø TN: experimentals declined more PA: Ø
Caseworker report of child problems	KY: Ø NJ: Ø TN: Ø PA: Ø	N/A	KY: Ø NJ: Ø TN: Ø PA: Ø

Ø denotes that differences between groups were not significant at $p <= .05$; N/A denotes not applicable.

Areas assessed included life events, economic functioning, household condition, child care practices, caretaker depression, child behavior, and caretaker functioning. It can be said that family preservation services may have small, apparently short-term, effects on some areas of functioning. There was one item with some consistency across sites, the overall assessment of improvement by caretakers. At post treatment, a significantly larger proportion of experimental group caretakers in Kentucky and New Jersey generally thought there was "great improvement" in their lives. In Tennessee and Philadelphia, although not significant, results tended in the same direction.

Implications

The findings of this study are not new. A number of previous evaluations with relatively rigorous designs have failed to produce evidence that family preservation programs with varying approaches to service have placement prevention effects or have more than minimal benefits in improved family or child functioning. The work reported here may be thought of as four independent evaluations in four states, adding to the set of previous studies with similar results, this time focusing on Homebuilders programs. The accumulation of the findings from a number of studies in several states, with varying measures of outcome, is compelling.

The findings should not be taken as showing that these programs serve no useful purpose in the child welfare system. The results can be seen as a challenge to keep trying, to find new ways to deal with the problems of families in the child welfare system. The findings indicate the grave difficulties facing those who devise approaches to these problems. Failure in such undertakings should not be surprising and those who risk trying to find solutions should not be punished when evaluations such as this indicate they may have come up short.

The accumulation of findings suggests that the functions, target group, and characteristics of services in programs such as this need to be rethought. Obviously, function, target group, and services are closely intertwined. The foremost of these issues concerns the objectives of the programs. A number of observers have suggested that placement prevention be abandoned as the central objective in intensive, family preservation services in favor of other objectives, notably the improvement of family and child functioning. Targeting these services on families at risk of placement is unlikely to be successful. So if these services are to continue, they will continue to serve "in-home" cases and families in which there has been a substantiated allegation of abuse or neglect or serious conflicts between parents and children where children remain in the home. Many, if not most, of these "intact" families need help. Relatively intensive and relatively short-term services such as those provided by family preservation programs are one source of such help. In this respect, family preservation programs can be thought of as an important part of the continuum of child welfare services.

Another question that program designers must address is that of specialization. Subgroups for which the program was successful were not found, but these programs are quite general in character, and thus may sacrifice some of the benefits of specialization. Those benefits are a clearer focus of services, a tighter target group definition, specification of service characteristics (such as length and intensity based on needs of the target group), and the development of more specific competencies on the part of workers. Specialization could be in terms of problems (e.g., substance abuse) or characteristics of clients (young, isolated mothers). There are clear drawbacks to specialization, including the tendency to define problems in terms of the service one offers. Furthermore, limiting target groups inherently limits the impact of programs. Nonetheless, it may be better to mount a series of small programs rather than putting all of one's resources into large, undifferentiated efforts.

Program planners must also address the issue of length and intensity. The extent to which the intensive, short-term, crisis approach fits the needs of child welfare clients should be reexamined. The lives of these families are often full of difficulties--externally imposed and internally generated--such that their problems are better characterized as chronic, rather than crisis. Short-term, intensive services may be useful for families with chronic difficulties, but those services are unlikely to solve, or make much of a dent in the underlying problems. Of course, the hope is family preservation programs will be able to connect families with on-going services to treat more chronic problems. But, that appears to happen far less than needed. The central point here is that we need a range of service lengths and service intensities to meet the needs of child welfare clients. It is essential that policy makers, planners, and program providers maintain realistic expectations of the effects of short-term family preservation programs.

[Go To Contents]

Endnotes

1. This is one of two reports completed for the evaluation. A previous report, The Evaluation of the New York City HomeRebuilders Demonstration reported on a program designed to facilitate the reunification of children in foster care with their families.

2. As to be expected with any program, some of the families assigned to family preservation programs did not receive the services or received a minimal dosage of the services. In addition, a small number of the families in the control group were actually provided family preservation services. To address these issues, analyses were conducted in which these cases were dropped (secondary analysis).

3. J. Littell and J. Schuerman. (1995). A Synthesis of Research on Family Preservation and Family Reunification. http://aspe.hhs.gov/hsp/cyp/fplitrev.htm.

4. Jill Kinney, David Haapala, and Charlotte Booth. (1991). Keeping Families Together: The Homebuilders Model. New York: Aldine de Gruyter.

5. It should be noted that the most rigorous approach to analysis requires that cases be maintained in the groups to which they were randomly assigned. Random assignment is used to assure that the groups are as similar as possible at the outset of service. Removing cases from the groups or switching cases from one group to another threatens group equality and allows for the possibility that post-treatment differences could be explained by factors other than service. In particular, it is likely that violations and minimal service cases differ in systematic ways from other cases. Hence, the secondary analyses should be viewed with caution.

6. The Philadelphia FPS program did not target imminent-risk children.

7. The number of cases in Tennessee was too small to allow subgroup analysis.

Where to?

Top of Page | Contents

Main Page of Report | Contents of Report

Home Pages:
Human Services Policy
Assistant Secretary for Planning and Evaluation (ASPE)
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Evaluation of Family Preservation and Reunification Programs: Final Report

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Contents

Executive Summary

Volume I:

1. Study Overview
2. Implementation
3. Kentucky
4. New Jersey
5. Tennessee
6. Philadelphia
7. Families Served by Homebuilders Model Programs

Volume II:

1. Study Overview
2. The Services
3. The Outcomes
4. Philadelphia
5. Attrition Analysis: Caretaker Interviews
6. Social Support
7. Interviews with Investigating or Intake Workers
8. The Staff Questionnaire
9. Conclusions

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Where to?

Top of Page | Contents

Home Pages:
Evaluation Project Main Page
Human Services Policy
Assistant Secretary for Planning and Evaluation (ASPE)
U.S. Department of Health and Human Services (HHS)

Last update: 03/04/03

Evaluation of Family Preservation and Reunification Programs: Final Report: Volume 1: Study Overview

1. Study Overview

[Main Page of Report | Contents of Report]

Contents

- 1.1 Background
- 1.2 Study Objectives
  - 1.2.1 Site Selection and Recruitment
  - 1.2.2 Sample Size
- 1.3 Data Elements and Measures
- 1.4 Data Sources
- References

Endnotes

1.1 Background

In 1980, the Adoption Assistance and Child Welfare Act of 1980 (P.L. 96-272) required states to make "reasonable efforts" to prevent children from entering foster care and to reunify children who were placed out of the home with their families. A major focus of policy and planning in state child welfare systems was the development of family preservation programs. The emphasis on family preservation culminated in 1993 in the Family Preservation and Family Support provision of the Omnibus Budget Reconciliation Act (OBRA) (Title IV, subpart 2 of the Social Security Act), which encouraged states to institute or further develop family preservation and family support.

As part of the legislation, the Department of Health and Human Services (DHHS) was authorized to set aside funds to evaluate state family preservation and family support programs. In support of this, DHHS funded three separate studies in September 1994:

· **Family Preservation and Family Support Services Implementation Study**. This study was awarded to James Bell Associates and is a process analysis of the implementation of the legislation, focusing on the types of programs developed and the barriers encountered. The interim report, "Family Preservation and Family Support (FP/FS) Services Implementation Study," was released March 1999. Special topic reports were completed in 2001 and a final report on implementation should be complete in December 2003.

· **National Evaluation of Family Support Programs**. This study was awarded to Abt Associates, Inc. and is an outcome evaluation of family support programs. Volume A, a meta-analysis evaluation of family support, and Volume B, a research studies final report, were both completed in April 2001.

· **The Evaluation of Family Preservation and Reunification Services.** This study was awarded to Westat, Chapin Hall Center for Children, and James Bell Associates, and is the subject of this report. It is an outcome evaluation of family preservation and reunification programs.

The three projects are designed to be complementary. Although each focuses on a different aspect of the 1993 legislation, taken together they represent a comprehensive examination of the programs authorized.

More recently, the enactment of the Adoption and Safe Families Act of 1997 (P.L. 105-89) changed and clarified a number of policies established in the 1980 Act with a renewed emphasis on safety, permanency, and adoption. This legislation placed Federal family preservation initiatives under the rubric of "Promoting Safe and Stable Families" and extended funding for FY 2001. The law made safety of children the paramount concern in service delivery. The law increased the need to understand how family preservation services strengthen families and prevent foster care placement and subsequent abuse and neglect allegations.

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Public Law 107-133, the "Promoting Safe and Stable Families Amendments of 2001" was signed into law in January 2002. This legislation reauthorized family preservation services through 2006. Additionally, the legislation authorized the Court Improvement Program, and offered states flexibility in defining family preservation services to allow states to support infant safe haven programs and strengthen parental relationships and promote healthy marriages.

Concurrent with the development of legislation have been program initiatives in family preservation at the state and local levels. Since the 1970s, a number of programs have been developed to provide services to children and families who are experiencing serious problems that may eventually lead to the placement of children in foster care or otherwise result in the dissolution of the family unit. Although these programs share a common philosophy of family- centered services, they differ in their treatment theory, level of intensity of services, and length of service provision. Three models emerged (Nelson et al., 1990):

1. Crisis intervention model. This model, based on crisis theory and intervention, stresses the situation of everyday people confronted with unstable and unsecure circumstances from precipitating events, and the belief that symptoms can be worked through in a brief amount of time (Barth, 1990). Crisis theory also holds that those experiencing a crisis - that is, families about to have a child placed in foster care - will be more amenable to receiving services and learning new behaviors (Nelson et al., 1990, citing Kinney et al., 1988). Homebuilders, a foster care placement prevention program developed in 1974 in Tacoma, Washington, is the prototype program for the crisis intervention model. The program calls for short-term, time-limited services provided to the entire family in the home. Services are provided to families with children who are at risk of an imminent placement into foster care. Social learning theory also plays a part in defining the Homebuilders program, providing the theoretical base for interventions employed (Nelson et al., 1990). Social learning theory stresses that behavior, beliefs, and expectations influence each other in a reciprocal manner, and rejects the belief that changes in thinking and feeling must precede changes in behavior (Barth, 1990). Concrete and supportive services are an important element of the Homebuilders program. Key program characteristics include: contact with the family within 24 hours of the crisis, caseload sizes of one or two families per worker, service duration of four to six weeks, provision of both concrete services and counseling, and up to 20 hours of service per family per week (Nelson et al., 1990).

2. Home-based model. This model focuses on the behavior of the family overall, how members interact with one another, and attempts to change the way in which the family functions as a whole and within the community. Programs using the home-based model stress longer-term interventions based on family systems theory. The FAMILIES program, which began in Iowa in 1974, is the original program using the home-based model. Under the original program in Iowa, teams of workers carry a caseload of 10 to 12 families whom they see in the families' homes for an average of four and one-half months. Both concrete and therapeutic services are provided (Nelson et al., 1990).

3. Family treatment model. This model focuses less on the provision of concrete and supportive services and more on family therapy (Nelson et al., 1990, citing Tavantzis et al., 1986). Services are provided in an office as well as in the home and are less intensive than those using the crisis intervention model. The Intensive Family Services (IFS) Program, which began in Oregon in 1980, is based on the family treatment model. The IFS program also uses family systems theory, which views individual behavioral problems as a reflection of other family problems. Therefore, treatment focuses on the family as a whole. Workers carry a caseload of approximately 11 families. Services are provided for 90 days with weekly followup services provided for three to five and one-half months (Nelson et al., 1990).

Over the years, various states have adopted these family preservation models, sometimes with variations. The growth in family preservation can be partly attributed to early evaluations that were "unequivocally positive and reported high placement prevention successes" (Bath, Howard, and Haapala, 1993). Primarily, these studies only measure family outcomes such as placement prevention for families who receive the treatment. No comparison was made to families who did not receive the services. It was assumed that nearly all children would be taken into foster care placement. However, it cannot be assumed that a high proportion of children receiving family preservation services were at imminent risk without observing the experiences of a comparison group that did not receive the intervention. More recent studies using experimental designs have shown that most of the cases referred were not at imminent risk of placement, as many children in the control groups not become part of the foster care population.

Although many nonexperimental studies have suggested that high percentages of families remain intact after intensive family preservation services, the results of randomized experiments are mixed. Seven of eleven studies reviewed in A Synthesis of Research on Family Preservation and Family Reunification (Littell and Schuerman, 1995) found that the programs did not produce significant overall reductions in placement. In less than half of the control or comparison cases, placements did not occur within a short period of time after group assignment, which suggests that these programs were generally not delivered to families with children at risk of placement. When the risk of placement among family preservation clients is low, it is unlikely that a program will demonstrate significant reductions in placement.

Despite these findings, placement prevention remains a primary goal of family preservation programs. A review of family preservation programs was conducted in 1995 as part of the Evaluation of Family Preservation and Reunification Services. Information from that study was updated in 1997. As part of the update, 32 family preservation state coordinators were asked if placement prevention was the primary purpose of their program. The majority (78 percent) indicated that it was still the primary purpose, with the remaining coordinators identifying child safety (18 percent) and family functioning (4 percent) as the primary purpose. These goals broaden when county public agency and family preservation administrators were asked about the objectives of local family preservation progress. From the 32 states, 58 county public agency administrators and family preservation program administrators were asked to describe their family preservation objectives. Of the 58 administrators contacted, most offered multiple service objectives. The most frequently reported objective was placement prevention, followed by strengthening families and child and family safety. The purpose of the Evaluation of Family Preservation and Reunification Services is to test whether these service delivery objectives are attained.

[Go To Contents]

1.2 Study Objectives

The Evaluation of Family Preservation and Reunification Services is intended to estimate the impact of family preservation and reunification services. The design of the evaluation was guided by the following objectives:

- To identify and describe the range of existing placement prevention, family preservation, and reunification programs;
- To determine the extent to which family preservation and reunification programs are effective in safely reducing unnecessary foster care placement;
- To determine the extent to which family preservation programs are effective in meeting the basic needs of children and in promoting improved family functioning;
- To explore the extent to which family preservation/reunification programs have varying degrees of success with different target populations;
- To determine the extent to which program variables, child welfare system variables, and other factors in the service delivery environment affect the success of family preservation and reunification programs;
- To identify the effects of each family preservation/reunification program on its related child welfare system; and
- To compare the costs of family preservation/reunification services to those of control groups.

The evaluation was conducted through randomized experiments in four family preservation sites: Kentucky, New Jersey, Tennessee, and Pennsylvania and the evaluation of an earlier implemented reunification program in New York City. The classic experimental design of this study is the best way to determine causal connections between interventions and outcomes. The control group received the "regular services" of the child welfare system; it was not a no-treatment control group. We studied the effects of the experimental services relative to ordinary services, i.e., services that would have been provided in the absence of family preservation services.

1.2.1 Site Selection and Recruitment

Site selection was based on a number of criteria, including selecting programs which were based on well-articulated theories, in place long enough to operate in the way expected by program managers, consistently implemented, and with sufficient numbers of families to provide adequate sample sizes. It was also important that programs have a primary focus on a population of children involved in abuse and neglect reports and that key policymakers, managers, and line staff were willing to allow evaluation. Initially, it was proposed that of the six sites to be evaluated, at least two would be placement prevention programs, two broader family preservation programs, and two reunification programs.

Emphasis was placed on selecting well-defined programs and those with characteristics useful for the development of knowledge (e.g., serving clientele with substance abuse problems). It was decided to evaluate three programs that use relatively "pure" versions of the Homebuilders model of service. These include Memphis, Tennessee; Louisville and Lexington, (8) Kentucky; and seven counties in New Jersey. The fourth family preservation site, Philadelphia, has a program in which the goal of family preservation services is defined more broadly than prevention placement, compares family preservation services to less intensive in-home services, and has an explicit focus on substance abuse.

Our program review established that there were few reunification programs, and those that existed served small numbers of clients. Most reunification programs were part of family preservation programs and served families after discharge from foster care. We decided to examine the HomeRebuilders reunification program in New York City, by conducting the data collection for the experiment started by the New York State Department of Social Services. We were not able to identify a suitable site for a second experimental evaluation of reunification.

1.2.2 Sample Size

Each site was evaluated separately. We initially set a goal of 500 cases in each site, about 250 in each group. To detect a difference of 15 percentage points between the experimental and controls groups in such characteristics as placement rates with a probability of 0.8 (directional hypothesis, centered on 50%) we would require a total of about 275 cases in both groups. We set our goal higher in order to be able to do some subgroup analyses with adequate power. Initially we hoped to enroll 500 families in each site over a one-year period. However, the sample accumulation in sites in this report, Kentucky, New Jersey, Tennessee, and Philadelphia was slower than expected. A 349-case sample size was achieved in Kentucky after enrolling families for two years. In New Jersey, 442 net cases were enrolled over an 18-month period and in Tennessee, 147 net cases were enrolled over a 21-month period. In Philadelphia, we obtained a sample of 353 cases over a 26-month period.

[Go To Contents]

1.3 Data Elements and Measures

Outcome measures relate to the goals of the programs and require multiple measures, including placement, subsequent maltreatment, family problems, and child and family functioning. Outcome measures are the heart of the experiment, but other types of measures were also needed in order to carry out the study and to more fully understand the observed overall impact in specific sites. Other measures include mediating and conditioning variables. Mediating variables reflect intervening factors that may be the underlying mechanism for achieving change in the more general outcomes, including parents' coping skills, the family's social isolation or embeddedness, and the general quality of interactions in the home environment. There is not always a clear dividing line between mediating and outcome measures. Moreover, an outcome in one realm may be a mediator in another. For instance, adequacy of the parent's attention to a child's health may be considered an outcome as itself, but it is also a key mediating variable in relation to other outcomes.

Measures that may "condition" the effects of the treatment, such as demographic and household composition variables, were examined for their potential influence. For example, family preservation services may emerge as more effective for families with certain characteristics (e.g., single parent families or families with younger children). We also used check measures to ensure that the treatment that was intended actually occurred and to determine whether control group families received services that are supposed to be reserved for members of the experimental group. Finally, the study used service variables to identify at the program level those variables necessary for understanding the results at the family level.

1.4 Data Sources

To obtain these measures, we used multiple data sources, including administrative data, interviews with investigating workers, caseworkers and caretakers, and qualitative data collection on program operation and context.

For family preservation/placement prevention sites, the study used a longitudinal design in which caretakers were interviewed at three points in time: when they entered the study, at the end of services, and at one year after entry to the study. Caseworkers were interviewed at two points in time, when the family entered the study and at the end of services. Investigating workers completed a self-administered form as quickly after assignment as possible. They were asked to provide a description of the allegation and the investigation findings. Caseworkers were asked to provide information on the actual services provided during in-person contacts with the family during treatment for the experimental cases and during a comparable time period for the control cases. Administrative data on placement and subsequent maltreatment were collected for 18 months after enrollment on each case.

An interim evaluation report was released in October 2000. The interim report presented description, service, and outcome analyses for the Homebuilders study sites. This report expands on the interim report by including description, service, and outcome analyses of the non-Homebuilders site. Additionally, analyses on sample attrition, social support, investigating worker questionnaires, staff questionnaires, and secondary analyses are included in this report. (9)

To preserve the distinct nature between the Homebuilders programs (Kentucky, New Jersey, and Tennessee) and non-Homebuilders programs (Philadelphia), the description and analysis are presented separately. This report consists of three volumes. The Executive Summary and Study Overviews are provided in both Volumes One and Two. In addition, each volume provides the following:

Volume One - Study implementation, descriptions of each study site, and a description of the families for the Homebuilders sites.

Volume Two - Services for the Homebuilders sites, outcome analysis for the Homebuilders sites, description and analysis on the Philadelphia family preservation, attrition analysis for the study; social support; investigating worker questionnaire analysis; staff questionnaire analysis; and study conclusions.

Volume Three - Appendices A through K, which include study protocols, forms, secondary analysis and questionnaires.

[Go To Contents]

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[Go To Contents]

Endnotes

8. Lexington, Kentucky, remained in the study only a short time. Further details on Lexington are presented in Chapter 3, Kentucky Overview.

9. As to be expected with any program, some of the families assigned to family preservation programs did not receive the services or received a minimal dosage of the services. In addition, a small number of the families in the control group were actually provided family preservation services. To address these issues, analyses were conducted in which these cases were dropped (secondary analysis).

Where to?

Top of Page | Contents

Main Page of Report | Contents of Report

Home Pages:
Human Services Policy

Assistant Secretary for Planning and Evaluation (ASPE)
U.S. Department of Health and Human Services (HHS)

***Evaluation of Family Preservation and Reunification Programs: Final Report: Volume 1:* Implementation**

2. Implementation

[Main Page of Report | Contents of Report]

Contents

- 2.1 Site Selection and Recruitment
- 2.2 Negotiations
- 2.3 Random Assignment and Case Enrollment Status
- 2.4 Data Collection Activities
- 2.5 Lengths of Time from Random Assignment to the Interviews
- 2.6 Administrative Data
- 2.7 Maintaining Study Integrity

Endnotes

Designing a rigorous experimental study is only the first step; its implementation is a formidable task. Convincing administrators to subject their staff and programs to intense scrutiny is the first challenge, followed by implementing the evaluation in an ongoing service delivery environment. Negotiations required repeated meetings with administrative, supervisory, and front-line staff. We had to establish a dialogue to foster open communication in which fears, expectations, and study requirements could be discussed. Implementation required continual communication with site personnel. This communication included periodic site visits, monthly written reports to sites about the status of cases enrolled in the study, and a site coordinator stationed at each site to aid in the daily data collection effort. This chapter presents an overview of site selection, negotiations, and the data collection effort. Further description of site-specific implementation efforts in Kentucky, New Jersey, Tennessee, and Philadelphia are presented in Chapters 3, 4, 5, and 6.

2.1 Site Selection and Recruitment

The site selection process began with a discussion with personnel in potential sites of the issues and criteria surrounding site selection. The task of applying these criteria to real programs began a process of reconciling the differences between our hope of finding optimal sites and program and practice realities. We initially identified potential states and counties for the study through review of state plans, contacts with experts in the field, reviews of the literature, and previous studies conducted by the research team. Based on this review, we contacted 26 states and asked them about their family preservation and reunification programs with respect to our criteria for selection.

A list of programs and counties contacted is presented in Appendix A. Results of the telephone conversations with these sites were presented in the *Review of Family Preservation and Reunification Programs*. Based on responses to the telephone conversations and extensive discussion among research team members and the advisory panel, we eliminated a number of states or particular counties within states from consideration.

To obtain more detailed information about states, site visits were necessary. As we were unable to conduct site visits to all identified states, we established two levels of site visits. The first level targeted states that had some of the best and most mature programs in the country: Kentucky, Michigan, Missouri, New Jersey, and Washington. Project staff conducted 3- to 5-day site visits at the state level and in those local jurisdictions that might be included in the study. The visits included meetings with administrative, supervisory, and casework staff at the state and local levels of the public child welfare agency. We also conducted interviews with administrators and caseworkers of the local family preservation agencies. Through the interviews, we gathered information about family preservation services and the context in which the services were being delivered. States' interest in the study and their ability to meet selection criteria were also explored. We then conducted further site visits in Tennessee, Oregon, California, Florida, New York, and Ohio.(10) Our emphasis was on selecting quality programs and those with characteristics useful for the development of knowledge (e.g., serving clientele with substance abuse problems). It was decided to evaluate three programs that reported using relatively "pure" versions of the Homebuilders model of service. The sites selected were Memphis, Tennessee; Louisville, Kentucky; and seven counties in New Jersey. These three sites met the original criteria set forth by contract requirements and also incorporated the other issues identified

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as important. All three sites identified a targeting problem and were interested in implementing targeting strategies, had a long and positive history of providing quality Homebuilders programs, had a limited number of providers, and had adequate support for the program in the responsible public agency. Also, all the sites identified a pool of families who were eligible for the services but not receiving them and had sufficient numbers to reach study sample size requirements (or agreed to continue the study for more than a year, if necessary).

For the fourth site, our efforts turned to identifying a non-Homebuilders family preservation program, which was well defined and able to articulate its goals and objectives. While the study team visited Philadelphia to explore its reunification programs, its family preservation program was also presented as an option. The program had many interesting and policy relevant elements. The family preservation programs in Philadelphia are based on specialization, and the county has a strong focus on serving families with substance abuse problems. Philadelphia County represents a site in which the goal of family preservation services is defined more broadly than placement prevention, allowed comparison of family preservation services to less intensive in-home services, and has some agencies with an explicit focus on substance abuse. These criteria lent themselves to the selection of Philadelphia for the fourth site.

[Go To Contents]

2.2 Negotiations

Negotiations began during the initial site visits. Discussions with staff focused on obtaining information on the state program and system while providing information to the state about the study. Site visitors needed to determine, as quickly as possible, if states were not interested in participating. Also, we had to establish site flexibility in working within the study guidelines and adhering to rigorous data collection methods early in the negotiation process. Negotiations always began at the state level to obtain permission from the child welfare commissioner or director. Although negotiations were tailored to individual sites, we followed general procedures which entailed numerous meetings with state and local personnel, written permission from the state director of child welfare services, and an agreed-upon detailed work plan delineating target populations, random assignment procedures, data collection plans, and targeting procedures. It was critical to go through a process with state and local agency personnel in which we explored their receptiveness to an experiment, including some alteration in referral procedures and a willingness to fill out our forms and partake in interviews. The most difficult process was working through workers' concerns about withholding services from the control group. Extensive discussions were held about denying services to clients and having a computer make decisions about families' lives. Although many caseworkers never felt totally comfortable with the idea of randomly assigning families to receive either family preservation services or other services, they eventually became resigned to the procedure. Many did come to accept that the experiment was set up to provide services to the same number of families served by family preservation prior to the study and understood that their present systems did not serve all families eligible for family preservation. It was more difficult for them to accept that particular families on their caseloads could not receive a service that they believed to be the best alternative for the families.

Targeting. A major problem that has plagued family preservation programs and their evaluations is targeting. To prevent placements effectively, these programs have been intended for cases in which there is an "imminent risk of placement." Previous studies have indicated that family preservation services are often delivered to families in which placement is not likely. A goal of this evaluation was to address the targeting problem in at least some of the placement prevention programs to be studied so that the programs would have the best possible chance of success on the outcome measure of preventing foster care placement. We selected sites that realized that targeting was an issue and that were interested in developing strategies to improve targeting. We believed that targeting could be improved through removing from the referral pool some of the cases that would not experience placement in the absence of family preservation services or through diverting to the family preservation referral pool some cases that were placed. This might be called screening out the cases that are not at imminent risk of placement and screening in the cases that are going to be placed but can be safely maintained at home. To aid in this process the study team developed a screening tool for local agency personnel responsible for referring cases for family preservation services. The tool provides personnel the opportunity to review their decisions by using a risk index based on factual items such as previous substantiated complaints, more than one maltreated child, previous foster care placements, and the presence of substance abuse. The instrument yields a score, the midrange values of which were thought to suggest referral to funding preservation. A copy of the protocol is in Appendix B. A further discussion on the use of this screening protocol in Kentucky and New Jersey is included in each individual site report in Chapters 3 and 4.

Implementation plans for each site built upon already existing procedures. A written work plan was worked out with each site. A brief description of the plans for each site is presented below.

Kentucky has a statewide program using the Homebuilders model. A statewide coordinator is responsible for developing uniform selection criteria, training of and contracting with providers, and overseeing the program. The study was conducted in Louisville, where there is a single family preservation program provider, and child abuse and neglect cases are referred from intake or ongoing workers.(11) There was no age limitation on the children included in the experiment. Because family preservation does not serve drug abuse cases unless the caretaker is in treatment, or sexual abuse cases in which the perpetrator is in the home, these cases were excluded from the experiment. Referral to family preservation begins with worker and supervisor approval. A screener reviews all cases referred for family preservation to determine appropriateness of the referral. Based on this process, we asked the screener to use the screening protocol developed for the study. The protocol aided the screener in reviewing the risk level of each case. In addition, all cases for which a court petition was filed were reviewed to determine whether they met family preservation criteria. If they did, they were referred to the screener who decided whether to refer the case for family preservation services. We conducted this review to identify cases that might be diverted from potential placement. A full-time site coordinator in the Louisville office assisted the screener and workers with survey tasks.

New Jersey has a statewide program using the Homebuilders model. As in Kentucky, a state office coordinator is responsible for uniform selection criteria, training of and contracting with providers, and overseeing the program. The study was conducted in seven counties: Bergen, Burlington, Camden, Essex, Monmouth, Ocean, and Passaic. The study population included Division of Youth and Family Service (DYFS) child abuse and neglect and family problem cases referred from intake or ongoing workers. The state had been trying to refocus delivery of family preservation services to families with younger children. Not all counties made this change, so all children under 18 were included in the experiment. Each of the counties has a screener who reviews referrals to make sure necessary information is provided. The screener continued in this role during the experiment. In addition, we asked workers and their supervisors to apply the study screening protocol to all cases being referred to family preservation to review their referral decisions. In some counties, the screening protocol was also used on cases being referred for foster care placement. Two site coordinators were assigned to help screeners and workers across the seven counties.

Tennessee. During the study period, Tennessee had a statewide program using the Homebuilders model. As with the other study sites, a state coordinator was responsible for developing uniform selection criteria, training and contracting with providers, and overseeing the program. The study was conducted in Shelby County. There was only one Homebuilders agency in the county. However, Shelby County is a service rich county in which there were a number of other service options similar to Homebuilders available to families in the control group. The study population included Division of Children Services child abuse and neglect cases referred from intake workers. Only families in which at least one of the referred children was under 13 were accepted into the study.

Prior to the study, caseworkers referred families directly to the Homebuilders program. For the study, two hotline workers served as study screeners. Referral to family preservation began with worker and supervisor approval. The worker then called the designated screener to find out if there was an opening in family preservation. If an opening was available, the screener would contact Westat to obtain a random assignment. A full-time site coordinator in the Shelby office assisted the screener and workers with data collection.

Philadelphia. The Philadelphia family preservation program was not a Homebuilders model program during the time of the study. The program used a service model that was broader than the traditional Homebuilders model. Children were not considered at imminent risk of removal and services were provided for a longer period than Homebuilders services. The state office was responsible for training and program oversight, and the agency specialized FPS section developed selection criteria for referral. Family preservation services were provided by private agencies in a public-private collaboration. The evaluation included three private agencies -- Abraxas Foundation, Tabor Children's Services, and Youth Service, Inc. Family preservation services were provided by Abraxas Foundation and Tabor Children's Services. All three agencies provided non-FPS Services to Children in their Own Home (SCOH) services to families. Cases were referred only from intake workers. Referrals came through a public supervisor who screened cases for FPS.

[Go To Contents]

2.3 Random Assignment and Case Enrollment Status

Random Assignment. Individual referral and random assignment procedures were developed for each site. These procedures built upon existing agency referral procedures to family preservation. In both Kentucky and New Jersey, the screener made random assignment referrals. Random assignment began in May 1996 in Kentucky and in November 1996 in New Jersey and Tennessee. In Kentucky and New Jersey random assignment ended in February 1998, and in Tennessee, random assignment ended in May 1998. In Philadelphia, cases were entered into the study from March 1997 to June 1999.

Cases were referred to the screener, who, depending upon the site, either determined if the case was appropriate for family preservation or merely made sure that space was available. The screener then called Westat for assignment of the case. The Westat assignment clerk asked for some basic information about the case. In most instances random assignment was done while the screener stayed on the telephone. The screener then mailed or faxed the family preservation referral form to provide more details about the case. This form was used to fill in the study's random assignment form. (see Appendix C).

Westat personnel used a computer program to randomly assign the case to either the experimental or control group. For those cases randomly assigned to the experimental group, the family received family preservation services. For those cases assigned to the control group, the family received other services provided by the agency.

Table 2-1
Assignment of Cases by County

Kentucky						
	Jefferson		Fayette		Total KY	
	C	E	C	E	C	E
Randomly assigned	165	158	13	22	178	180
Inappropriate referrals	3	3	--	3	3	6
Net study cases	162	155	13	19	175	174

New Jersey																
	Camden		Burlington		Ocean		Monmouth		Essex		Bergen		Passaic		Total NJ	
	C	E	C	E	C	E	C	E	C	E	C	E	C	E	C	E
Randomly assigned	20	40	23	51	29	42	24	27	49	66	24	29	13	33	182	288
Inappropriate referrals	1	1	3	4	-	1	1	2	4	4	4	--	2	1	15	13
Net Study cases	19	39	20	47	29	41	23	25	45	62	20	29	11	32	167	275

Tennessee--Shelby County			Philadelphia		
	C	E		C	E
Randomly assigned	52	101	Randomly assigned	149	213
Inappropriate referrals	3	3	Inappropriate referrals	5	4
Net study cases	49	98	Net study cases	144	209

Case Enrollment and Status. Table 2-1 shows the number of cases enrolled by county. A 50/50 experimental/control assignment was planned in Kentucky, and a 60/40 experimental/control assignment in New Jersey and Philadelphia. Tennessee began with a 60/40 experimental/control assignment which changed to 70/30 about six months into the study. The actual proportions assigned to each group fell within the expected range.

Some eligible cases were not referred for random assignment and did not get into the study but did receive family preservation services. Exceptions were granted only with the approval of state officials who reviewed the case and determined whether to bypass the study. The state was asked to report exceptions, but sometimes these cases were only detected during review of agency logs and screener telephone calls. Over the course of the study, there were 5 exceptions in Kentucky, 33 exceptions in New Jersey, and none in Tennessee or Philadelphia.

In Kentucky a total of 358 cases were randomly assigned by the Department of Social Services (DSS), (12) 323 in Jefferson County (Louisville) and 35 in Fayette County (Lexington).(13) Of these, 9 were determined to be inappropriate referrals and were excluded from the analyses (6 in the experimental group and 3 in the control group). The 9 inappropriate referrals included 3 reunification cases, 4 cases in which the children identified as at risk were out of the home, and 1 case where the custodial parent was incarcerated (in one case the reason for inappropriate referral was not identified). After removing the 9 inappropriate referrals, there were 174 net study cases in the experimental group and 175 net study cases in the control group.

The New Jersey evaluation involved programs in seven counties. A total of 470 cases were randomly assigned from the Department of Youth and Family Services, 288 in the experimental group and 182 in the control group. Of the 470 cases that were randomly assigned, 28 cases were determined to be inappropriate referrals (13 in the experimental group and 15 in the control group). Seventeen of these inappropriate referral cases were reunification cases. The remaining inappropriate referrals included foster care cases, cases with no child at risk in the home, or cases that had previously received family preservation services and were being re-referred for a "booster" session. After removing the 28 inappropriate referrals, there were 275 net study cases in the experimental group and 167 net study cases in the control group. The numbers of cases in each county in New Jersey are too small to allow for separate analyses of data by county, so we combine them in all analyses of this report.

The Tennessee evaluation in Shelby County included 153 cases randomly assigned by the Division of Children's Services (DCS). Of these, six were determined to be inappropriate referrals and were excluded from the analyses (3 in each of the groups). The inappropriate referrals were due to no children under the age of 13 in the home (one case), three reunification cases, and one case with children in foster care. The sixth inappropriate referral was screened out by DCS. After removing the six inappropriate referrals, there were 49 net study cases in the control group and 98 net study cases in the experimental group.

In Philadelphia, 362 cases were randomly assigned, nine of which were inappropriate referrals, five from the control group and four from the experimental group. The nine inappropriate referrals include reunification cases, cases in which the children identified as at risk were out of the home, one case that was already receiving services, and cases from units that were not participating in the study. After removing the inappropriate referrals, there were 144 net cases in the control group and 209 net cases in the experimental group for a total of 353 net study cases.

The basic analysis of differences between experimental and control groups concerned those cases labeled "Net Study Cases." However, in a few cases the group assignment was violated, that is, the group to which a family was assigned was switched. Although cases that were deemed to require family preservation should have been designated as exceptions, we allowed each state 6 "approved violations," that is, the state central office could switch the groups following random assignment, upon application from the local office. Despite the allowance of 6 violations, 9 Kentucky cases were switched from the control to the experimental group, 8 of these switches were approved and 1 additional violation was unapproved. New Jersey had 24 violations, 19 approved and 5 unapproved, 14 percent of the net study cases assigned to the control group. In Tennessee, three cases were switched from the control to the experimental group and in Philadelphia there were five switches. There were no recorded switches from the experimental group to the control group in any of the states.

Some cases in the experimental group were provided minimal services because of refusal by the family to participate, failure of the family to comply with initial expectations of the program, or because the provider agency turned the case back. Turnbacks occurred when family preservation services workers were unable to contact the family or the family did not meet the criteria for service (in a few such cases, children were not considered to be at risk). There were 53 minimal service cases in Kentucky, 5 noncompliance, 18 refusals, and 31 turnbacks.(14) In New Jersey, 44 cases assigned to the experimental group received minimal services because of refusal (14 cases), noncompliance by the caretaker (7 cases), or because the case was turned back by the family preservation agency (23 cases). Tennessee had 11 minimal service cases because of refusal (4 cases), the DCS worker never followed through (1 case), the family preservation agency turned back the case due to safety issues (3 cases), and children placed in foster care (3 cases). Seventeen of the 52 minimal service cases in Kentucky had at least one caseworker contact. One case had more than 5 contacts. In New Jersey, of the 44 minimal service cases, on 31 (70%) we had at least one contact. Seven of the 31 families had more than 5 contacts. In Philadelphia, there were 67 minimal service cases in the experimental group and 4 in the control group. The distribution of violations and minimal service cases is shown in Table 2-2.

[Go To Contents]

2.4 Data Collection Activities

Data collection began with a baseline interview as soon as possible after families were randomly assigned to either group. At that time, we attempted to interview the investigating worker handling the case (if the case originated from an investigator), the caretaker, and the caseworker assigned to the case. The caseworker was also asked to report on all contacts with the family during the time services were provided. At the completion of family preservation services or at a comparable time for cases receiving regular services, we interviewed the caretaker and the caseworker again. One year after enrollment, we conducted a followup interview with the caretaker. In addition to these interviews, we collected data from staff at the participating agencies. Administrative data were collected on individual cases up to eighteen months after random assignment. Table 2-3 shows the data collection status of the study's various questionnaires with agency staff.

The Staff Survey was a seven-page self-administered questionnaire designed to obtain a profile of staff at the participating agencies and information on their attitudes and opinions about family preservation services. The questionnaire was mailed to all staff who potentially could have a case in the study. A concerted effort was made to obtain questionnaires from investigating workers and workers in public and private agencies who had study cases. At most sites, this included all the workers at private agencies that provided family preservation services, any workers in family preservation units in public agencies, and workers in units of public agencies that provided in-home and foster care services. In addition to investigating workers and the workers to whom actual cases were assigned, those workers' supervisors were also asked to complete the survey. The response rate for workers completing staff questionnaires for staff with cases in the study was 90 percent in Kentucky, 76 percent in New Jersey, 79 percent in Tennessee, and 63 percent in Philadelphia.

The Investigating Worker Questionnaire was a six-page self-administered questionnaire designed to capture information about the investigation of a complaint that led to a referral to family preservation services. Information collected included when and how the complaint was investigated, the nature of the allegation, a description of the home, and problems affecting the household.

Table 2-2
Violations and Minimal Service Cases by County

Kentucky						
	Jefferson		**Fayette**		**Total KY**	
	C	**E**	**C**	**E**	**C**	**E**
Net study cases	162	155	13	19	175	174
Violations	9	--	--	--	9	--
Minimal service	1	48	--	5	--	54

New Jersey																
	Camden		**Burlington**		**Ocean**		**Monmouth**		**Essex**		**Bergen**		**Passaic**		**Total NJ**	
	C	**E**	**C**	**E**	**C**	**E**	**C**	**E**	**C**	**E**	**C**	**E**	**C**	**E**	**C**	**E**
Net study cases	19	39	20	47	29	41	23	25	45	62	20	29	11	32	167	275
Violations	1	--	--	--	6	--	3	--	6	--	6	--	2	--	24	--
Minimal service	--	6	--	8	--	5	--	1	--	13	--	3	--	8	--	44

Tennessee--Shelby County			**Philadelphia**		
	C	**E**		**C**	**E**
Net study cases	49	98	Net study cses	144	209
Violations	3	--	Violations	5	--
Minimal service	1	10	Minimal service	4	67

Table 2-3
Caseworker Response Rates

	Kentucky		**New Jersey**		**Tennessee**		**Philadelphia**	
	Number	**Percent**	**Number**	**Percent**	**Number**	**Percent**	**Number**	**Percent**
Staff Questionnaires								
Staff questionnaires mailed	215		344		81		334	

Completed staff questionnaires	194	90	262	76	64	79	210	63
Investigating Worker Questionnaires								
Investigating questionnaires mailed	212		223		140		353	
Completed investigating workers questionnaires	164	77	119	53	109	78	276	77
Cases with no investigating workers	138		219				8	
Caseworker Interviewers								
Initial caseworker interviews fielded	349		442		147		353	
Completed initial caseworker interviews	280	80	388	88	112	76	163	46
Post-treatment caseworker interviews fielded	349		444		147		353	
Completed caseworker post-treatment interviews	326	93	434	98	138	94	250	71
Contact Reports								
Cases expecting contact report forms (15)	324		428		140		328	
Number of cases with one or more								
Completed contact report forms	235	73	369	86	98	68	210	63

As soon as a case referred by an investigating worker was randomly assigned, we mailed an Investigating Worker Questionnaire to the investigating worker reported on the Random Assignment Form. Investigating workers who did not respond to the initial request received reminder letters and second request mailings. If these requests failed, the site coordinator followed up with the worker in person. The response rate for investigating workers completing the questionnaire was 77 percent in Kentucky, 53 percent in New Jersey, and 78 percent in Tennessee. Not all cases were referred by investigating workers in Kentucky and New Jersey; ongoing workers referred 39 percent of the Kentucky cases and 50 percent of the New Jersey cases. All cases in Tennessee were to be referred by investigating workers. However, 5 percent of the cases (7 cases) did not have an investigating worker identified. All cases in Philadelphia were referred by investigating workers. Two percent did not have an investigating worker identified.

The Caseworker Interview was conducted by the Westat Telephone Research Center (TRC). The TRC attempted to an initial and post-treatment interview with the caseworker for each case that was randomly assigned. The initial caseworker interview was to be completed within two weeks of random assignment. If the referring worker was an ongoing caseworker, telephone interviewers attempted to interview him or her as soon as possible. If the referring worker was an investigating worker and the case was a control case, Westat's site coordinator tracked how quickly the investigating worker transferred the case to an on-going unit.(16) If the site coordinator did not get a response from the worker within 10 working days, the investigating worker was identified as the caseworker to be interviewed for the baseline interview, and TRC interviewers had an additional 5 days to obtain the initial interview. This procedure was instituted because some investigating workers did not immediately transfer their cases, which created difficulties in reaching caseworkers within the two-week time frame.

The telephone interviewers experienced some difficulty successfully reaching and interviewing caseworkers during the study's time period, especially the initial caseworker interview period. The response rate for completed initial caseworker interviews was 80 percent in Kentucky, 88 percent in New Jersey, 76 percent in Tennessee, and 46 percent in Philadelphia. The response rate was lower in Philadelphia due to cases not being assigned a caseworker within the initial interview period.

The post-treatment caseworker interview was scheduled to occur at the same time as the post-treatment caretaker interview, that is, at the end of family preservation services or at a comparable point for control group cases. In both the initial and post-treatment interviews, the caseworker was asked to describe the household, including all household members and their relationships to the children mentioned in the complaint; the condition of the home when visited by the caseworker; problems affecting the caretaker and other household members; and an assessment of the children's well being. At the post-treatment interview, the caseworker was asked about services provided and was asked to assess whether the goals for the case were met. If the caseworker had not completed a staff survey questionnaire at the time of the post-treatment interview, the telephone interviewer attempted to ask the staff survey questionnaire questions at the conclusion of the post-treatment interview. The response rate for completed post-treatment caseworker interviews was 93 percent in Kentucky, 98 percent in New Jersey, 94 percent in Tennessee, and 71 percent in Philadelphia. Data on completion of caseworker interviews by county are shown in Table 2-4.

Caseworker Contact Reports were to be completed by all caseworkers for each face-to-face contact with a family member during the time period designated for family preservation services. These forms were one-page checklists on which the workers indicated the services delivered at each contact. The forms capture information on concrete services and the content of counseling (e.g., parenting practices, anger management). For cases assigned to family preservation services, the caseworkers were expected to complete these forms from the time the case was first assigned to them through the end of services. Caseworkers with control cases were expected to complete forms for a comparable time period.

Each time a caseworker received another study case (after the first one), Westat mailed the caseworker a letter of notification. This letter identified the case and informed the caseworker that contact reports were to be completed for it, starting immediately. Caseworkers were instructed to complete the reports when a contact was made and to mail them to Westat at least once a week. Each participating caseworker was mailed a supply of contact report forms and postage-paid return envelopes. When it was time to stop completing reports for a case, Westat sent a letter notifying the caseworker. If no completed forms were received, the caseworker was asked to confirm that there were no in-person visits. Letters were sent to workers to obtain this confirmation. In addition, delinquency reports were sent to site coordinators who in turn contacted caseworkers to remind them to complete the form. Contact reports were received for 73 percent of Kentucky cases, 86 percent of New Jersey cases, 69 percent of Tennessee cases, and

Table 2-4
Caseworker Interview Completion Rates by County

Kentucky						
	Jefferson		**Fayette**		**Total KY**	
	C	**E**	**C**	**E**	**C**	**E**
	%	%	%	%	%	%
Net study cases	162	155	13	19	175	174
Initial interviews	138	120	6	16	144	136
Post-treatment interviews	157	147	4	18	161	165
Both interviews	136	119	3	16	139	135

New Jersey																
	Camden		**Burlington**		**Ocean**		**Monmouth**		**Essex**		**Bergen**		**Passaic**		**Total NJ**	
	C	**E**	**C**	**E**	**C**	**E**	**C**	E	**C**	**E**	**C**	**E**	**C**	**E**	**C**	**E**
	%	%	%	%	%	%	%	%	%	%	%	%	%	%	%	%
Net study cases	19	39	20	47	29	41	23	25	45	62	20	29	11	32	167	275
Initial interviews	16	35	16	45	21	40	17	24	39	55	19	23	9	29	137	251
Post-treatment interviews	19	39	20	47	28	41	23	25	42	60	19	28	11	32	162	272
Both Interviews	16	35	16	45	21	40	17	24	37	55	18	22	9	29	134	250

Tennessee- Shelby			**Philadelphia**		
	C	E		C	E

	%	%		%	%
Net study cases	49	98	Net study cases	144	209
Initial interviews	46	66	Initial interviews	50	113
Post-treatment interviews	48	90	Post-treatment interviews	99	151
Both interviews	46	66	Both interviews	48	112

60 percent of Philadelphia cases. These response rates are based on only those cases for which we expected a contact report. Caseworkers returned letters indicating that no in-person visits were held for 7 percent of the Kentucky cases, 3 percent of cases in New Jersey, 5 percent of the Tennessee cases and 7 percent of Philadelphia cases. All experimental cases where workers indicated there was no contact were minimal service cases.

Caretaker Interviews were conducted at three points in time. Data collection began with a baseline interview soon after random assignment in order to get an accurate picture of the household just as services began. A Westat field interviewer attempted to interview the person designated as the caretaker on the random assignment form within two weeks of random assignment. During this interview, the caretaker was asked to enumerate and describe all members of the household and to answer questions about the functioning of the household and parenting philosophies and practices. A second or post-treatment interview was conducted at the time family preservation services ended, or a comparable time period for control cases. The post-treatment interview asked questions about the family's makeup and functioning similar to those in the initial interview, as well as additional questions about the services received. A final followup interview with the caretaker was also attempted one year from the random assignment date. The final interview was designed to obtain information similar to that in the initial and post-treatment interviews to measure change over time.

As shown in Table 2-5, the response rate for completed initial caretaker interviews was 89 percent in Kentucky, 74 percent in New Jersey, 80 percent in Tennessee, and 72 percent in Philadelphia. The response rate for completed Post-Treatment Caretaker Interviews was 84 percent in Kentucky, 78 percent in New Jersey, 80 percent in Tennessee, and 74 percent in Philadelphia. For the Follow-up Interview, response rates showed a decrease to 71 percent in Kentucky, 62 percent in New Jersey, 75 percent in Tennessee, and 64 percent in Philadelphia. Successfully completing the caretaker interviews was a data collection challenge for a variety of reasons. The main difficulties included the caretaker not having a telephone number and the mobility of the caretakers. Overall, refusals were rather low: 5 percent at initial, 3 percent at post-treatment, and 4 percent at followup in Kentucky; 6 percent at both initial and post-treatment, and 7 percent at followup in New Jersey; 5 percent at initial and 6 percent at both post-treatment and 6 percent at followup in Tennessee, and 5 percent at initial, 3 percent at post treatment, and 3 percent on followup in Philadelphia. Another reason for noncompletion of interviews was that families could not be located. Table 2-6 shows caretaker interview completion rates by county.

Table 2-5
Data Collection Status for Caretaker Interviews

	Kentucky		New Jersey		Tennessee		Philadelphia	
	Number	**Percent**	**Number**	**Percent**	**Number**	**Percent**	**Number**	**Percent**
Initial Interviews								
Number of cases fielded	349		442		147		353	
Total completed	311	89	328	74	117	80	255	72
Refusals	16	5	29	6	8	5	18	5
Other reasons for closure	22	6	91	20	22	14	80	23
Post-treatment Interviews								
Number of cases fielded	349		442		147		353	
Total completed	294	84	344	78	117	80	261	74
Refusals	11	3	26	6	9	6	12	3
Other reasons for closure	44	13	75	17	21	14	80	23

Follow- up Interviews								
Number of cases fielded	349		442		147		353	
Total completed	249	71	274	62	110	75	225	64
Refusals	13	4	30	7	10	6	11	3
Other reasons for closure	87	25	138	31	27	19	117	33

Table 2-6
Caretaker Interview Completion Rates by County

Kentucky						
	Jefferson		**Fayette**		**Total KY**	
	C	**E**	**C**	**E**	**C**	**E**
	%	**%**	**%**	**%**	**%**	**%**
Net study cases	162	155	13	19	175	174
Initial interviews	146	139	9	17	155	156
Post-treatment interviews	136	134	10	14	146	148
Followup interviews	115	122	4	8	119	130
All three interviews	115	109	3	8	118	117

New Jersey																
	Camden		**Burlington**		**Ocean**		**Monmouth**		**Essex**		**Bergen**		**Passaic**		**Total NJ**	
	C	**E**	**C**	**E**	**C**	**E**	**C**	**E**	**C**	**E**	**C**	**E**	**C**	**E**	**C**	**E**
	%	**%**	**%**	**%**	**%**	**%**	**%**	**%**	**%**	**%**	**%**	**%**	**%**	**%**	**%**	**%**
Net study cases	19	39	20	47	29	41	23	25	45	62	20	29	11	32	167	275
Initial interviews	12	25	17	35	21	32	17	15	36	43	17	23	10	25	130	198
Post-treatment interviews	14	29	15	39	22	30	18	18	36	48	18	24	11	22	134	210
Followup interviews	9	22	11	31	18	25	13	13	30	32	15	19	11	25	107	167
All three interviews	4	17	8	26	14	19	11	8	23	26	14	16	10	18	84	130

Tennessee-Shelby			**Philadelphia**		
	C	**E**		**C**	**E**
	%	**%**		**%**	**%**
Net study cases	49	98	Net study cases	144	209
Initial interviews	37	80	Initial interviews	107	156
Post-treatment interviews	37	80	Post-treatment Interviews	113	148
Followup interviews	36	74	Followup interviews	90	135
All three interviews	28	61	All three interviews	70	102

[Go To Contents]

2.5 Lengths of Time from Random Assignment to the Interviews

Table 2-7 shows lengths of time between random assignment and each interview--initial, post-treatment, and followup--as well as the lengths of time between the initial and post-treatment interviews.

Kentucky. For the 311 initial interviews with caretakers, the length of time from random assignment to completion ranged from 1 to 50 days with an average of 12.6 days (s.d. = 8.1 days, 75% within 16 days, 90% within 23 days). For the 280 caseworker initial interviews, the length of time from random assignment to interview completion ranged from 3 days to 75 days with an average time of 17.6 days (s.d. = 9.36 days, 75% within 23 days, 90% within 28 days).

At post-treatment, 294 caretakers were interviewed, and the length of time from random assignment to interview completion ranged from 24 days to 111 days with an average of 44.8 days (s.d. = 10.5 days, 75% within 49 days, 90% within 58 days). Three hundred twenty-six caseworker interviews were completed in an average of 51 days (s.d. = 14.3 days) after random assignment, with a completion time ranging from 10 days to 142 days (75% within 55 days, 90% within 68 days). For 3 of the cases where services were terminated early (10, 14, and 17 days after random assignment), post-treatment interviews were completed at the time of termination, thus the minimum of 10 days.

With a goal of completing initial interviews within two weeks of the referral date, the intent was to capture each family's situation at the inception of family preservation or regular services. However, initial interviews with caretakers took an average of over 12 days to complete and initial interviews with caseworkers took an average of over 2 weeks to complete. No significant differences were found between control and treatment groups with regard to the time from random assignment to completion of any of the interviews.

As already noted, the first interview was to be conducted within two weeks of the referral and the second interview was to be conducted at the end of service provision or a comparable time. Therefore, it is expected that for those cases where both interviews were completed, approximately four weeks should have passed between the dates of the first and second interviews. Two hundred and eighty-seven caretakers completed both the first and second interviews, and the average length of time between these interviews was 32.3 days (s.d. = 10.3 days, 75% within 37 days between interviews, 90% within 45 days between interviews). For the 274 caseworkers who completed both interviews, the average length of time

Table 2-7
Timing to and Between Completion of Interviews

Number of days from random assignment to completion of initial interviews															
	Kentucky					**New Jersey**					**Tennessee**				
	N	**Mean**	**N**	**Mean**	***P***	**N**	**Mean**	**N**	**Mean**	***p***	**N**	**Mean**	**N**	**Mean**	***p***
Caretaker	155	13.3	156	11.9		128	15.5	197	15.2		37	17.0	80	14.8	
Caseworker	144	17.6	136	17.6		137	16.0	251	15.4		46	11.8	66	16.5	.0004
Number of days from random assignment to completion of post-treatment interviews															
	Kentucky					**New Jersey**					**Tennessee**				
	N	**Mean**	**N**	**Mean**	***P***	**N**	**Mean**	**N**	**Mean**	***p***	**N**	**Mean**	**N**	**Mean**	***p***
Caretaker	146	45.0	148	44.6		134	53.7	210	51.2	.06	37	51.9	80	47.9	.05
Caseworker	161	50.9	165	51.3		162	58.7	272	54.4	.003	48	47.8	90	59.7	.0001
Number of days between initial and post-treatment interviews															
	Kentucky					**New Jersey**					**Tennessee**				
	N	**Mean**	**N**	**Mean**	***P***	**N**	**Mean**	**N**	**Mean**	***p***	**N**	**Mean**	**N**	**Mean**	***p***
Caretaker	142	31.6	145	33.1		117	38.4	175	36.5		33	35.4	75	32.8	
Caseworker	139	32.4	135	34.0		134	41.6	250	38.9	.10	46	35.7	66	42.3	.03
Number of days from random assignment to completion of follow- up interviews															
	Kentucky					**New Jersey**					**Tennessee**				
	N	**Mean**	**N**	**Mean**	***P***	**N**	**Mean**	**N**	**Mean**	***p***	**N**	**Mean**	**N**	**Mean**	***p***
Caretaker	102	379.3	117	380.5		85	383.8	133	383.3		32	385.8	63	385.4	

Table 2-7,
continuedTime to and Between Completion of Interviews

Philadelphia

Number of days from random assignment to completion of initial interviews					
	Control		**Experimental**		
	N	**Mean**	**N**	**Mean**	*p*
Caretaker	107	31.46	156	26.54	.0009
Caseworker	50	44.00	113	34.07	.0002
Number of days from random assignment to completion of post-treatment interviews					
	Control		**Experimental**		
	N	**Mean**	**N**	**Mean**	*P*
Caretaker	113	110.50	148	112.35	n.s.
Caseworker	99	126.72	151	131.28	n.s.
Number of days between initial and post-treatment interviews					
	Control		**Experimental**		
	N	**Mean**	**N**	**Mean**	*P*
Caretaker	95	78.03	124	83.65	.007
Caseworker	48	77.02	112	94.95	.0001
Number of days from random assignment to completion of followup interviews					
	Control		**Experimental**		
	N	**Mean**	**N**	**Mean**	*P*
Caretaker	90	358.94	135	361.68	n.s.

between these interviews was 33.2 days (s.d. = 13.3 days, 75% within 38 days between interviews, 90% within 49 days between interviews). (17)

Followup interviews were completed by 219 caretakers an average of 379.9 days after random assignment (s.d. = 14.9, 75% within 387 days, 90% within 401 days). The difference between experimental and control groups with respect to the length of time between random assignment and followup interviews was not significant.

New Jersey. On average, the 325 initial interviews with caretakers were completed 15.3 days (s.d. = 8.5 days) following random assignment (for three cases we do not have the date of the interview). The range in time to completion was 1 to 50 days (75% were completed in 20 days, 90% in 27 days). As in Kentucky, it is not possible to consider the first interview as representing the situation at the inception of family preservation or regular services. In the case of the family preservation cases, these interviews were conducted, on average, two weeks into a four-week intervention. For the 388 caseworker initial interviews, the mean time to completion was 15.6 days (s.d. = 8.1) with a minimum of 2 and a maximum of 40 (75% within 21 days, 90% within 28 days).

For the 344 caretaker post-treatment interviews, the average length of time between random assignment and interview was 52.1 days (about 7 and a half weeks, s.d. = 11.8 days) with a minimum of 33 and a maximum of 116 days (75% within 58 days, 90% within 68 days). For 434 caseworker post-treatment interviews the average was 56.0 days (s.d. = 14.7) with a minimum of 13 and a maximum of 115 (75% within 63 days, 90% within 75 days, interviews on cases that terminated early were sometimes conducted before the end of the 28 day service period, hence the minimum of 13). There were no significant differences between the experimental and control groups in the average lengths of time to interview except for the caseworker post-treatment interview. For the control group, this interview was conducted an average of 58.7 days after random assignment while the average for the experimental group was 54.4 days ($p = .003$). (18)

Both caretaker interviews were completed in 292 cases, with an average of 37.3 days between interviews (s.d. = 11.2, 75% with not more than 43 days between interviews, 90% not more than 49 days). Three hundred eighty-four caseworkers completed both interviews with an average of 39.8 days between interviews (s.d. = 15.0). (19)

Followup interviews were completed by 218 caretakers an average of 383.5 days after random assignment (s.d. = 25.1, 75% within 389 days, 90% within 399 days). The difference between experimental and control groups with respect to the length of time between random assignment and the followup interviews was not significant.

Tennessee. On average, the 117 initial interviews with caretakers were completed in 15.4 days (s.d. = 7.0 days) after random assignment. The length of time to completion for these interviews ranged from 2 days to 36 days (75% were completed in 20 days, 90% in 26 days). Similar to both the Kentucky and New Jersey caretaker interviews, these interviews were conducted, on average, two weeks into a four-week intervention. Therefore, the first interview should not be considered representative of the family's situation at the inception of family preservation or regular services. The 112 initial caseworker interviews were completed in an average of 14.5 days (s.d. 7.2 days) after random assignment, with a range of 3 to 34 days (75% completed within 18 days, 90% completed within 23 days). The length of time from random assignment to completion of the initial interview with caseworkers was significantly shorter for the control group than for the experimental group (11.8 days vs. 16.5 days, p = .0004).

The length of time between random assignment and the post-treatment interview was significantly different for experimental and control groups on both the caretaker and the caseworker interviews. Therefore, these timeframes are reported separately for each group. The 80 post-treatment interviews with caretakers in the experimental group were completed in an average of 47.9 days (s.d. = 10.3 days) after random assignment, while the 37 post-treatment interviews with control group caretakers were completed in an average of 51.9 days (s.d. = 10.6 days) after random assignment ($p = .05$). This time period ranged from 32 days to 80 days for the experimental group (75% in 54 days, 90% in 64 days) and from 29 days to 70 days for the control group (75% in 61 days, 90% in 67 days). For the caseworker interviews, the 90 post-treatment interviews in the experimental group were completed an average of 59.7 days (s.d. = 18.5 days) after random assignment, whereas the 48 post-treatment interviews in the control group were completed an average of 47.8 days (s.d. = 9.7 days) after random assignment (p = .0001). The length of time from random assignment to the initial caseworker interview ranged from 37 to 135 days (75% within 68 days, 90% within 83 days) for the experimental group, and from 36 days to 91 days (75% within 48 days and 90% within 61 days) for the control group.

One hundred and eight caretakers completed both the initial and post-treatment interviews, with an average of 33.6 days between the interviews (s.d. = 10.1 days, 75% with not more than 41 days between interviews, 90% with not more than 47 days). For the 112 caseworkers completing both the initial and post-treatment interviews, there was a significant difference between the experimental and control groups in length of time between interviews ($p = .03$). Forty-six caseworkers in the control group completed both interviews with an average of 35.7 days between the interviews (s.d. = 12.3, 75% with no more than 38 days between, 90% with no more than 55 days). Sixty-six caseworkers in the experimental group completed both interviews with an average of 42.3 days between the interviews (s.d. = 17.5, 75% with not more than 49 days between, 90% with not more than 60 days between).

Followup interviews were completed by 95 caretakers an average of 385.5 days after random assignment (s.d. = 25.9, 75% within 394 days, 90% within 404 days). The difference between experimental and control groups with respect to the length of time between random assignment and the followup interviews was not significant.

Philadelphia. A total of 263 initial interviews with caretakers were completed, and the length of time from random assignment to completion of these interviews ranged from 9 to 85 days with an average of 28.54 days (s.d. = 11.28 days, 75% within 36 days, 90% within 44 days). For the 163 caseworker initial interviews, the length of time from random assignment to interview completion ranged from 12 days to 86 days with an average time of 37.12 days (s.d. = 16.11 days, 75% within 45 days, 90% within 59 days). For both the caretaker and the caseworker initial interviews, the length of time between random assignment and interview completion was significantly longer for the control group. For caretaker initial interviews, the treatment group averaged 26.54 days (s.d. = 26.54 days) and the control group averaged 31.46 days (s.d. = 31.46 days, p = .0009). For the caseworker initial interviews, the average number of days between random assignment and interview completion in the treatment group was 34.07 days (s.d. = 14.49 days), and the average number of days in the control group was 44.0 days (s.d. = 17.57 days, $p = .0002$).

At the end of the treatment period, 261 caretakers were interviewed, and the length of time from random assignment to interview completion ranged from 68 days to 180 days with an average of 111.55 days (s.d. = 13.58 days, 75% within 118 days, 90% within 129 days). For the caseworkers, 250 post-treatment interviews were completed in an average of 129.48 days (s.d. = 28.43 days) after random assignment, with a completion time ranging from 100 days to 270 days (75% within 140 days, 90% within 164 days). There were no significant differences between experimental and control groups in the length of time from random assignment to post-treatment interview completion for either the caretaker or the caseworker interviews.

Two hundred and twenty-five followup interviews were completed with caretakers. The length of time from random assignment to the followup interview ranged from 223 days to 438 days with an average of 360.59 days (s.d. = 37.95, 75% within 379 days, 90% within 391 days). Experimental and control groups did not differ significantly in the amount of time between random assignment and followup caretaker interviews.

As noted, the first interview was to be conducted within two weeks of the referral and the second interview was to be conducted at the end of service provision or a comparable time. Therefore, it is expected that for those cases where both interviews were completed, approximately 12 weeks (or 90 days) should have passed between the dates that the first and second interviews were conducted. Two hundred and nineteen caretakers completed both the first and second interviews, and the average length of time between these interviews was 81.21 days (s.d. = 14.94 days, 75% with 75 days between interviews, 90% with 90 days between interviews). For the 160 caseworkers who completed both interviews, the average length of time between these interviews was 89.57 days (s.d. = 27.68 days, 75% with 103 days between interviews, 90% with 123 days between interviews). The average number of days between initial and post-treatment caretaker interviews was significantly greater for the experimental group than the control group (124 days vs. 95 days, $p = .007$). The same was true for the time between caseworker initial and post-treatment interviews, with an average of 112 days for the experimental group and 48 days for the control group ($p = .0001$).

[Go To Contents]

2.6 Administrative Data

We attempted to gather administrative data on substitute care placements and reports of maltreatment both before and after assignment into the study on all of the net study cases. This administrative data also contained other information such as case opening dates, types of maltreatment, and some demographic data. In Kentucky, of the 358 randomly assigned cases, no administrative data were obtained from DSS on 3 cases, an additional case (1) had no recent activity in the administrative data, (20) and as already noted, 9 cases were inappropriate referrals. These 13 cases were excluded from the administrative data analyses. (21) In New Jersey, we obtained administrative data on all of the 442 net study cases (100%), 275 in the experimental group and 167 in the control group (Table 2-8). New Jersey administrative data included some information on services other than placement. In Tennessee, we obtained information on placement and reports of maltreatment from administrative data and case records. Placement data were available for 140 (95%) of the cases, 47 in the control group and 93 in the experimental group. Allegation data were available for 144 (98%) cases, 48 in the control group and 96 in the experimental group. In Philadelphia, administrative data were available for all but 4 of the 353 cases.

2.7 Maintaining Study Integrity

It was through the site coordinator activities that many aspects of the study integrity were controlled. This was accomplished in a variety of ways. The site coordinators served as the points of contact between the home office and agency liaisons. They monitored performance by the participating agencies, alerted the home office to problems, and became actively involved in resolving problems as they arose.

The site coordinator (SC) was responsible for tracking down needed information to complete interviews (e.g., addresses, caseworker names). Additionally, the SC monitored the status of individual cases to report changes in service end dates, or to identify and seek explanations for cases in which the assignment to regular or experimental services appeared to have been violated. These included cases that should have been but were not referred to random assignment, cases that were randomly assigned but did not get referred to the appropriate service provider, and cases that were not eligible for the study, but were receiving family preservation services. This was accomplished by comparing results of random assignment to agency logs on a monthly basis. State and local personnel were provided monthly reports delineating the cases assigned, their status, and problem areas.

The site coordinator also had a weekly meeting with the public agency screeners and private agency liaisons to review concerns and problems. By keeping in touch with caseworkers and persons in critical positions to the project, the SC was able to gather information about changes in policies, procedures, and staff so that necessary changes could be made. In Kentucky, Tennessee, and Philadelphia there was one site coordinator for one site, while in New Jersey, two site coordinators traveled across seven counties.

Table 2-8
Numbers of Cases on which Administrative Data are Available by County

	Jefferson		Fayette		Total KY	
	C	E	C	E	C	E
Net study cases	162	155	13	19	175	174

Cases with administrative data	160	155	13	17	173	172
Note: Administrative data on one KY case in the experimental group contained only opening and closing data on an adult family member. No data on placements or reports of maltreatment were available for this case.						

New Jersey																
	Camden		**Burlington**		**Ocean**		**Monmouth**		**Essex**		**Bergen**		**Passaic**		**Total NJ**	
	C	**E**	**C**	**E**	**C**	**E**	**C**	**E**	**C**	**E**	**C**	**E**	**C**	**E**	**C**	**E**
Net study cases	19	39	20	47	29	41	23	25	45	62	20	29	11	32	167	275
Cases with administrative data	19	39	20	47	29	41	23	25	44	62	20	29	11	32	167	275

Tennessee- Shelby			**Philadelphia**		
	C	**E**		**C**	**E**
Net study cases	49	98	Net study cases	144	209
Cases with administrative data	48	96	Cases with administrative data	144	205

[Go To Contents]

Endnotes

10. The Family Preservation and Family Support Implementation Study was selecting sites at the same time. It was decided that conducting both studies in the same site would be too burdensome for states: therefore, Alabama, Arizona, Texas, and Los Angeles, California were eliminated as candidates for the second round of site visits.

11. The study was also conducted in Lexington for a limited period of time.

12. Kentucky state social services have since been reorganized. DSS merged with the Department for Social Insurance to become the Department for Community Based Services.

13. In both Kentucky and New Jersey, two families were randomly assigned twice. The second of these assignments was considered an inappropriate referral and was dropped from this count.

14. One control group case in Kentucky was classified as "minimal service" because the family moved to another state shortly after the referral.

15. Staff indicated there were no contacts for 25 cases in Kentucky (18E and 7C); 14 cases in New Jersey (5E and 9C), 7 cases in Tennessee (6C and 1E.), and 143 cases in Philadelphia (58C and 85E).

16. Transferring cases was not a problem for experimental cases as they went directly to a family preservation worker.

17. One case in the experimental group was a turnback where the second interview was conducted with the public agency worker and the first interview was conducted with the FPS worker 20 days *after* the second interview had already been conducted. For this case and four others where there were less than 10 days between the two caseworker interviews, computed scores measuring the change between initial and post-treatment interviews were dropped from the caseworker data.

18. The difference in times to interview for the caretaker post-treatment interviews was nearly significant: experimental group, 51.2 days vs. 53.7 days for the control group, $p = 0.056$.

19. Two cases in the experimental group were closed by the time the worker was contacted for the initial interview, so both caseworker interviews were conducted on the same day. In all, 9 sets of initial and post-treatment interviews (3 caretaker and 6 caseworker) were conducted with less than 10 days between completion dates. For these cases, computed scores measuring the change between initial and post-treatment were dropped from the caseworker data.

20. For all cases in Kentucky, we calculated the length of time between the last activity recorded in the administrative data before referral to family preservation services and the date of referral to family preservation services. For each of these 20 cases, there was no recorded activity within 3 years prior to the referral date. It appears that for these cases, recent administrative data were not obtained from the DSS system.

21. In the course of the evaluation, Kentucky changed administrative data systems, which resulted in some difficulties in the retrieval of administrative data.

Where to?

Top of Page | Contents

Main Page of Report | Contents of Report

Home Pages:
Human Services Policy
Assistant Secretary for Planning and Evaluation (ASPE)
U.S. Department of Health and Human Services (HHS)

***Evaluation of Family Preservation and Reunification Programs: Final Report: Volume 1:* Kentucky**

3. Kentucky

[Main Page of Report | Contents of Report]

Contents

- 3.1 Introduction
- 3.2 Characteristics of Kentucky's Children and Families
- 3.3 History of Family Preservation in Kentucky
    - 3.3.1 Description of State Family Preservation Program Model
    - 3.3.2 Family Preservation Services in Jefferson County
- 3.4 Implementation of the Evaluation of Family Preservation and Reunification
    - 3.4.1 Louisville Study Procedures
    - 3.4.2 Lexington Procedures
    - 3.4.3 Workers' Major Concerns About the Study
- 3.5 Other Initiatives
    - 3.5.1 Restructuring
    - 3.5..2 Welfare Reform Initiative
- 3.6 Summary

Endnotes

3.1 Introduction

In Kentucky the Family Preservation Program (FPP) is a resource within the state's Department of Community Based Services (DCBS), a division of the Kentucky Cabinet for Families and Children.(22) The 120 Kentucky counties are grouped into 16 regions for purposes of FPP administration. There is a family services specialist in Frankfort who has responsibility for statewide coordination of family preservation services including program oversight of contracts, providing training and meeting program reporting requirements. Direct services are delivered by private providers under contract to the state.

Kentucky counties participating in the evaluation originally included Jefferson County (Louisville) and Fayette County (Lexington). Fayette County only participated in the data collection effort for eight months and referred 32 of the 349 net study cases. Therefore, this chapter highlights service delivery, family preservation services, and the implementation of the evaluation in Jefferson County. Study enrollment began in May 1996 and concluded in February 1998.

The sources of material for this chapter are reports and documents produced by the state and interviews with personnel at the DCBS and FPP programs. This information is presented to help understand the context in which services were provided, and to identify any changes that occurred during the implementation of the evaluation. The observations only reflect the perceptions of the individuals we interviewed.

This chapter begins with an overview of the characteristics of Kentucky's children and families. Details of the Kentucky family preservation program, service delivery in Jefferson County, implementation of the evaluation, and other initiatives are then provided.

[Go To Contents]

3.2 Characteristics of Kentucky's Children and Families

This section provides demographic statistics on Kentucky's children and families. Child welfare statistics are presented for Jefferson County (Louisville), which was the focus of the family preservation study in Kentucky.

There are approximately 1,000,000 children under age 18 in Kentucky, with the majority being white (89 percent), and nearly

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two-thirds under twelve years old (Table 3-1).

Table 3-1
Age and Race Distribution of Children in Kentucky

Total number of children under age 18 in 1997	961,200
Age	**Percent (%)**
0-5 years old	32
6-11 years old	32
12-14 years old	18
15-17 years old	18
Race/Ethnicity 1997	
White	89
African American	9
Hispanic	1
Other	1

Indicators of child health, education, and social and economic welfare in Kentucky as compared to the nation are presented in Table 3-2. Data have been abstracted from the Kids Count Data Book, published by Annie E. Casey Foundation. With to most indicators, Kentucky's families and children are similar to the national average. The Casey Foundation developed a family risk index based on the following indicators: 1) number of children who are not living with two parents; 2) households in which the head of household did not have a high school degree; 3) family income below poverty level; 4) parents did not have steady employment; 5) the family was receiving welfare; and 6) no health insurance for the children. Using the Casey risk calculation, in Kentucky, 17 percent of the children are considered at risk as compared to 14 percent of children in the nation.

Table 3-2
Indicators of Children and Family Health, Education, Social and Economic Welfare in Kentucky as Compared to Nation

	Kentucky	Nation
Health:		
Percent low birth weight babies (1996)	7.9%	7.4%
Infant mortality rate (deaths per 1,000 live births, 1996)	7.5	7.3
Percent of 2 year olds immunized (1997)	81.0%	78.0%
Percent of children without health insurance (1996)	14.0%	14.0%
Percent of children covered by Medicaid or other public-sector health insurance (1996)	31.0%	25.0%
Child death rate (deaths per 100,000 ages 1-14 in 1996)	27.0	26.0
Teen violent death rates (deaths per 100,000 ages 15-19 in 1996)	73.0	62.0
Teen birth rate (Births per 1,000 15-17 females in 1996)	37.0	34.0
Education:		
Percent of teens who are high school dropouts (1998)	14.0%	10.0%
Percent of 4th grade student scoring below basic reading level (1998)	37.0%	39.0%
Percent of 8th grade students scoring below basic math reading level (1998)	26.0%	28.0%
Welfare, Social, and Economic		
Median income of families with children (1996)	$33,900	$39,700
Percent of children in poverty (1996)	25.0%	20.0%
Percent of children in extreme poverty (1996)	16.0%	9.0%
Percent of children living with parents who do not have full time employment (1996)	33.0%	30.0%
Percent of families with children headed by a single parent (1996)	25.0%	27.0%
Source: *Kids Count Data Book*, published by Annie E. Casey Foundation, 1999.		

Child Welfare Statistics for Louisville. To provide background for the findings from the evaluation, an overview of the number of child abuse and neglect reports and the percentage of substantiations for four years prior to the study and the first year of the study are presented (Table 3-3). For the calendar years 1992-1994, the number of children for whom there were abuse and neglect reports remained fairly stable, around 10,000. An increase of about 2,000 was seen in 1995. In 1996 there were 12,118 children reported and 49 percent substantiated, similar to the number of children reported in 1995. In 1998, the year the study ended, there were 11,797 children reported and 44 percent of those children substantiated.

Across all five years, approximately 50 percent of the children reported were substantiated victims. The percentage of cases substantiated by age remained fairly constant over the years, with children over ten having a slightly higher rate of substantiation than children under 5 years old. African American children had a consistently higher rate of substantiation than white children.

Substitute care placements in Louisville, Kentucky for the year prior to the study (1995) and the first full year of data collection (1997) are presented below (Table 3-4). There were a greater number of children in care at the beginning of 1997 than 1995. This may reflect the increase in abuse and neglect cases in 1995 and 1996. However, there was a definite decrease in the number of new entrants and an increase in the number of discharges in 1997.

Table 3-3
Number of Children with Child Abuse and Neglect Reports, and Percent Substantiated by Age and Race, Jefferson County, Kentucky

	1992		1993		1994		1995	
	Number Reported	**Percentage Substantiated (%)**	**Number Reported**	**Percentage Substantiated (%)**	**Number Reported**	**Percentage Substantiated (%)**	**Number Reported**	**Percentage Substantiated (%)**
Age:								
Total all ages	10,170	48	9,940	51	10,660	50	12,621	48
0-5 Years Old	4,857	42	4,526	47	4,697	46	5,810	44
6-10 Years Old	2,807	50	2,623	56	2,912	47	3,606	51
11-15 Years Old	2,287	52	2,286	56	2,477	54	2,576	54
16-17 Years Old	536	50	505	58	574	49	629	52
Race:								
White	6,216	45	5,944	54	6,127	47	7,213	53
Hispanic	17	47	31	46	44	59	26	73
African American	3,534	53	3,556	66	4,082	56	4,785	61
Asian	44	45	51	55	34	47	51	31
American Indian	0	--	2	100	4	54	5	0
Bi-racial	342	48	347	65	349	25	508	61

Table 3-4
Children served in Substitute care in FY 1995 and FY 1997 In Louisville, Kentucky

	1995	1997
Children in care at beginning of year	1534	1774
New entrants	943	591

Discharge	885	1458
Total served	2477	2365
Includes children in foster homes, group homes, treatment facilities, and with relative foster parents.		

[Go To Contents]

3.3 History of Family Preservation in Kentucky

Family preservation programs began in Kentucky in 1985 with pilot projects funded by the Edna McConnell Clark foundation. These pilot studies, initiated through local efforts, were the impetus for three 1989 state grants to pilot family preservation programs in Louisville, Lexington, and western Kentucky. The pilot projects were replications of the Homebuilders Model. In 1990 the Kentucky Family Preservation Act established the Family Preservation Program (FPP), "a short-term intensive, crisis-intervention resource intended to prevent the unnecessary placement of children at imminent risk of placement." According to legislation, family preservation programs were to "follow intensive, home-based service models with demonstrated effectiveness in reducing or avoiding the need for out-of-home placement." (23)

Initially the 1990 Kentucky Family Preservation Act provided for grants to 47 counties to establish family preservation programs. By 1992 the program expanded to 90 counties, and in April 1996 services were available in all 120 Kentucky counties.

By law, family preservation services can be provided by the Department of Community Based Services or through contracts with private, nonprofit social service agencies. Currently all services are purchased through contracts with private agencies.

Until 1994 family preservation programs were entirely state funded when the decision was made to use federal Title IV-A Emergency Assistance Funds (EAF). The purpose of this was to maximize available state and federal dollars by applying for Title IV-A emergency funds for families eligible for family preservation services. In 1997, with the inception of Temporary Assistance for Needy Families (TANF) and the block granting of IV-A funds, the state implemented an eight percent decrease in family preservation contracts. At that time, there was a short-term effort to draw down Medicaid Rehabilitation Funds for FPP. Presently TANF funds are being used to supplement state funding. In 1998 there was an increase in the budget due to an increase in funding for reunification services. The 1998 budget reflected a blending of funds for the two programs, family preservation and reunification.

The family preservation funds available through the 1993 Omnibus Budget Reconciliation Act (OBRA), Title IV subpart 2 of the Social Security Act were mainly used in the planning year to develop regional planning for service provision. A small proportion of the funds was used to pilot family reunification services in five sites for six months. In subsequent years, the funding was divided between family support programs and family preservation. The proportion of funds devoted to family preservation was used for the development of reunification programs rather than further expansion of family preservation programs. All regions were given funds to develop reunification programs. These funds could be used to expand reunification services provided through the pilot studies or new programs could be developed. New initiatives were developed to provide reunification services at the time a child entered foster care as well as targeting those children who were in foster care for extended periods of time.

3.3.1 Description of State Family Preservation Program Model

According to Kentucky policy, "Family Preservation and Program Responsibilities," the Family Preservation Program (FPP) is a short-term, intensive, crisis-intervention resource intended to prevent the unnecessary placement of children at imminent risk of placement. (24) The program serves children and their families who are at risk of commitment as dependent, abused, or neglected; who are identified as needing juvenile services because families are unable to exercise reasonable control of the child; who are identified as having mental health problems; or who are receiving services through the Kentucky Impact program. (25) The purpose of the program is to make reasonable efforts by the Department to prevent the removal of children from their homes.

Programs are to:

- 1. Assess the situation and FPP's ability to maximize safety of family members;

- 2. Stabilize the family in time of crisis;
- 3. Develop goals with the family for family preservation services;
- 4. Teach skills to family members; and
- 5. Empower the family to make changes that may alleviate the need for out-of-home placement during the crisis.

Families referred to the FPP are expected to meet the following criteria:

- 1. At least one parent willing to work with the FPP
- 2. The family is in crisis
- 3. At least one child is at imminent risk of out of home placement. Both the public agency caseworker and family members shall believe that without immediate intensive intervention, out-of-home placement is imminent.
- 4. The family may not be served effectively by using other existing, or less intensive services.
- 5. In cases where there has been an emergency removal, it can not have exceeded seven working days and the Department must be willing to return the child home upon FPP acceptance.

Families not eligible for family preservation services include families in which there has been sexual abuse of a child and the perpetrator is still in the home or the child is at risk from recurring sexual abuse and families in which an adult is drug dependent and he or she is not in active treatment.

Direct services are provided by private providers under contract to the state. State policy dictates that caseload size, intensity and duration of services and accessibility of services are based on the Homebuilders model and are outlined in policy as summarized below:

- 1. Provide 20 hours of direct and indirect services according to the needs of each family each week for an average of 4 to 6 weeks;
- 2. Provide at least half of the services in the family's home or other natural community setting;
- 3. Each worker carries a maximum of two cases at one time;
- 4. The worker shall be available to provide services to the family 24 hours a day, seven days a week;
- 5. FPP will make referrals as needed to other available community resources, including but not limited to, housing, child care, education and job training, local, state, and federally funded public assistance, and other basic support needs;
- 6. Aid in the solution of practical problems that contribute to family stress so as to effect improved parental performance and enhanced functioning of the family unit;
- 7. Have available monies (flex dollars) to help the success of the intervention;
- 8. Provide services beyond six weeks, if necessary. But no longer than eight weeks.

Policy also specifies that the family preservation provider is to conduct a home visit within 24 hours of referral and make a determination of service provision within 72 hours of the referral.

To aid in the implementation of family preservation services in each region, policy outlines the development of a Family Preservation Program Management Team. The team consists of the contract agency Executive Director, the Department's District Manager, a Department staff person who assumes responsibility for reviewing all referrals to the FPP, the central office family preservation program coordinator, and the FPP supervisor.

3.3.2 Family Preservation Services in Jefferson County

Jefferson County (Louisville) is the largest district of the Department. Jefferson County did not become part of the Department until 1989. Prior to that time, the Department contracted with Jefferson County to provide child protective services. In Jefferson County reports of child abuse and neglect are made to a state hot line. These reports are then investigated by the Intake and Investigation unit. After investigation, families needing further service are referred to Child Protective Service (CPS) ongoing treatment units. Transfers are to occur within 10 days of conducting the investigation.

During the evaluation, there were nine intake and investigation teams and nine ongoing treatment units. There were also special teams to serve the medically fragile, adolescents, adoption, recruitment, domestic violence cases, and provide court support. During the study period, approximately half way through data collection, the District Manager moved to a state office position, and a new District Manager was appointed.

Prior to beginning data collection for the study, interviews with public and private agency staff were conducted to understand how family preservation services were delivered and the relationship between FPP and DSS.(26) Comments from these interviews are included in the following description.

Presently, family preservation services are provided in Jefferson County by the private provider, Seven Counties Services, Inc. However, this was not always the case. Originally, family preservation services were provided through a unit within the county public child welfare agency and Seven Counties Services. Public agency staff who experienced both the internal family preservation program and the program provided by Seven Counties preferred the services provided by the public agency program. They felt that the public agency program was more successful, more accessible, there was better collaboration, and services were provided for a longer time period, (12 weeks as compared to 4-6 weeks). The family preservation unit had a screener who reviewed all cases referred for services. When the decision was made to contract for family preservation services, the screener position remained within the public agency.

Referral Procedures. Referrals to family preservation come from the intake, ongoing, and adolescent child welfare agency units. Workers are required to discuss all referrals with the team supervisor and then present the case to the family preservation screener. A family preservation referral form is completed (see Appendix D), and the worker must discuss with the family its interest in the service prior to referral. The screener is responsible for making sure the referral is appropriate and also acts as the liaison with the family preservation program.

The screener maintains a log of cases needing family preservation services that have not been referred because of the unavailability of slots. In the year prior to the study (1995), 195 child welfare cases were referred to family preservation services. Of these cases, 58 percent were from ongoing units and 42 percent were from intake and investigation units.(27)

As discussed earlier, state regulation stated that referrals should only be cases in which there was imminent risk of placement. In fact, during early negotiations with Louisville, the screener said she estimated about 80 percent of the referred cases were at "imminent risk" of placement. However, in subsequent conversations with workers, they indicated they referred cases that they felt really needed services, but were not necessarily facing imminent placement.

When intake and investigation (I&I) workers were asked specifically about the types of cases referred for family preservation services, they responded:

- 1. Low functioning parents with no parenting skills;
- 2. Young mothers who are overwhelmed and need help getting supportive services;
- 3. Dirty house cases, something very concrete that family preservation can work on and can see improvement if it is not a chronic problem;
- 4. Domestic violence cases, family preservation provides ongoing support to the mother, who needs to repeatedly hear that she is worthy in order to make the decision to move out; and
- 5. Psychiatric cases--parent is schizophrenic and won't take medication.

The I&I workers believed that family preservation helped families get organized and taught daily living and parenting skills.

FPP Program. Seven Counties, Inc. is the agency that provides family preservation services for Jefferson County. The FPP program is referred to as the "HELP" program and the workers are referred to as "therapists." Seven Counties is a community mental health agency with a staff of almost 1,000. The agency has a variety of programs for seriously mentally ill adults, including outpatient treatment, case management, day treatment, and medication management. Programs for children and families include services for violence problems -- outreach, office based, and in-home services for perpetrators and victims. Other programs include school outreach, a parent aide program, and Kentucky Impact, a program providing long- term wraparound services for severely emotionally disturbed children. The family preservation program also has a reunification component. Reunification services are provided to families just prior to returning the children home.

FPP cases are referred from Kentucky Impact as well as the courts and DCBS. Referrals from the courts and Kentucky Impact account for approximately one-third of all family preservation cases served each year by Seven Counties. However, family preservation service cases referred from Kentucky Impact focus on prevention of psychiatric hospitalization and last for six to eight weeks rather than the four weeks of the general family preservation program.

Each FPP therapist handles two cases at a time, and must complete 15 cases per year. The agency is budgeted at 124 cases per year (1000 face to face hours per worker/year). Since its inception in 1990-1991, the program has doubled in size. In 1992 the intervention was shortened from six to four weeks to meet the goal of serving 124 cases.

To provide family preservation services Seven Counties has one supervisor, ten therapists, one reunification therapist, and one therapist who works solely with cases serving severely emotionally disturbed children. Almost all therapists have Masters degrees (either MSW or M.Ed.). All therapists receive Homebuilders training, with some specific training provided on substance abuse. Twenty percent of the therapists in the program are African American and the remaining are white. Therapists were very adamant in their belief in the Homebuilders philosophy, particularly its emphasis on respecting clients, self-determination, and advocating for clients.

State policy required that the therapist contact the family within 24 hours of referral. If they were unable to reach the family within 48 hours they were to contact the public agency for assistance. By 72 hours a complete initial family contact was to occur, with a determination of whether the family would be active with FPP. If a family could not be contacted or was not willing to work with FPP, then DCBS was to be immediately notified. Therapists indicated they had an unwritten "three strikes" rule. A family was given three attempts to contact or visit, and if a therapist could not reach the family, the family was "out," and the referral was turned back to DCBS.

FPP provides an acceptance letter on each case, but CPS investigators rarely have direct contact with FPP therapists. Some FPP therapists said they liked to meet with ongoing workers while others did not. In some instances, case conferences were held. If there was no conference, at the closure of FPP case, the therapist would call the worker.

Conversations with therapists revealed some tensions between the public agency ongoing workers and Seven Counties therapists. Therapists felt that some ongoing workers referred cases because they wanted a break from overwhelming cases so they could work on other cases. Seven Counties therapists felt that the workers should stay involved with the family while the case was receiving FPP services. In contrast to the therapists' reports, supervisors of ongoing workers indicated that their workers do keep visiting families during FPP, dealing with the child protection issues.

Seven Counties therapists worried that cases would be closed immediately after FPP was done, although this did not often actually happen. They felt that this was not appropriate as many families needed extended services.

There were generally positive views from the intake and investigation workers who wanted many more FPP slots. However, they were concerned about the short-term intervention because they felt that positive family changes were just beginning to happen at the end of service. They believed some of the therapists do good work, while others were not as good. When asked, workers described an inadequate therapist as one who was not flexible and did not really connect with the family. Supervisor comments stressed the positive value of FPP, but suggested several changes: they felt the program should have more slots, change the substance abuse policy, and have a longer period of intervention.

Overall, workers and supervisors indicated they had a mostly positive experience with the program. They believed FPP was timely in responding, took difficult cases, and shared information. One worker said, "even when placement occurs we still find out a lot about a family, and good joint decisions are made." Supervisors stressed that referrals were made based on crisis, immediate need, and risk of placement, not to assess a family. While assessment is not the "reason" for referrals, they noted that FPP may find out more about family problems such as drug abuse.

There were differing opinions about the rule that families with substance abuse problems can only be referred to family preservation if they are in or about to enter treatment. Supervisors felt that 70 percent of the cases involve some kind of substance abuse. They indicated that FPP can help to get parents into treatment and that FPP should change its focus in order to deal with these cases. The rule does not prohibit the referral of a family with an adolescent with substance abuse problems. Others felt that FPP is too short an intervention for dealing with substance abuse problems and parents need to admit to their problems first in order to make use of FPP.

Court System. The court system in Jefferson County is very supportive of family preservation programs. There is a strong commitment to families. At about the time family preservation programs were being piloted, a family court pilot project was implemented. Beginning with a Family Court Feasibility Task Force in 1988, the Kentucky General Assembly adopted Resolution Number 30. The resolution recognized that the courts were routinely required to make judicial determinations about families, the jurisdiction of the various courts overlapped, and the establishment of a court devoted to and specializing in family law might promote continuity of judicial decision-making. The Family Court Pilot Project was established. The jurisdiction of the family court includes divorce cases, adoptions and terminations of parental rights, dependency, neglect, and abuse cases, paternity status, and emergency protective order cases. The court also conducts the reviews of children in substitute care placement. A 1993 poll conducted by the Survey Research Center at the University of Kentucky found the concept of the court was strongly favored by attorneys and litigants. The majority of the people interviewed believed that family legal disputes should be adjudicated in a single court system, that it was an improvement for families, that the court's rulings met family needs, and that it created additional support mechanisms available to the judge. The family court concept is still functioning in Jefferson County, and the court continues to play an integral role in service delivery and in particular is a proponent of family preservation services.

The policy on involvement of the court was revised and strengthened in 1995 to aid in the protection of children. In substantiated cases of intrafamilial child abuse or neglect in which the alleged perpetrator has continued access to the victim, a juvenile abuse, neglect or dependency petition shall be filed on cases meeting the following guidelines.

- 1. Substantiated physical abuse of any child under five years old;
- 2. Any child with injuries to critical areas of the body (head, neck, face, abdomen, genitals, lower back) as a result of physical abuse or any unexplained or abuse-related serious physical injury;
- 3. Neglect resulting in significant risk of injury or harm;
- 4. Sexual abuse; or
- 5. Any case in which staff determine that the family will not cooperate with services or action by the court which is necessary for the protection of the child.

Due to this policy there was a substantial rise in the number of petitions filed on cases. Workers indicated they were pleased to have the clout of the court when working with families. However, due to the increase in petitions, a deferred court process was also instituted, court proceedings could be deferred 90 days.

We met with judges and the court administrator prior to starting the study. Initially there was support for the evaluation and a strong belief that family preservation services were a good service. As discussed in Section 3.4, judges did become perturbed with the random assignment process, especially if it affected a case in which they wanted family preservation to be provided. The public agency administrator played a major role in working with the judges throughout the study. She talked with judges about their concerns, and while sympathetic to their concerns, helped maintain study procedures.

[Go To Contents]

3.4 Implementation of the Evaluation of Family Preservation and Reunification

Having a well-established statewide program, Kentucky was one of the original sites considered for study participation. This site was selected as it met all study selection criteria - a well-defined, mature program using a "relatively" pure version of the Homebuilders model that had more families to serve than slots available.

Site visits were conducted and state office administrators were very interested in participating in the study, with some trepidation about a randomized experiment. Additional meetings were held with state and local personnel to address concerns and to explain the dimensions of the study. To meet required study sample sizes, it was decided that the study would take place in Jefferson county (Louisville), Fayette county (Lexington), and ten Bluegrass counties. A two-day meeting was held with personnel from all these sites to work out the details of the study. At that time it was decided to drop the Bluegrass counties and concentrate efforts on Louisville and Lexington, even if it meant extending data collection past one year to achieve the necessary sample size. Meetings were set up with all of Louisville and Lexington supervisors and workers that would be affected by the study. As was expected, these meetings focused on staff concerns about random assignment. Their concerns are discussed in further detail in Section 3.4.3.

State and local personnel indicated that families currently being referred for family preservation were not necessarily those at imminent risk of placement and that there were many eligible families not being referred for services. Referral problems were particularly salient in Lexington. To address these concerns procedures were implemented to help tighten the screening and referral of families to family preservation. As described below, different procedures were designed for Louisville and Lexington in conjunction with central office DCBS staff.

3.4.1 Louisville Study Procedures

Preparation and training for the experiment were conducted in the winter and early spring of 1996. Training sessions were held with both DCBS screeners and FPP program coordinators. During the one-day training sessions study procedures were reviewed including use of study forms, the screening protocol, random assignment procedures, and the role of the study site coordinator.

In addition, initial group meetings were conducted with caseworkers and supervisors from each unit. Workers were very resistant to random assignment and concerned that it would deny services to families, cause extra tasks, and delays in referrals for their caseloads.

A site coordinator was hired locally and provided by the study to assist DCBS and FPP staff with case information needed for random assignment and the conduct of interviews.

Referral to FPP. Prior to implementing study procedures, workers identified families they felt were appropriate to receive family preservation services, got supervisor approval for the referral, and then made the referral to the public agency screener through a referral form. The screener was then responsible for determining whether or not the referral was appropriate and contacting the family preservation agency to see if there were any openings. If there were time periods when referrals were low, the screener was also responsible for working with caseworkers to identify appropriate new referrals. The plans for implementing the evaluation built upon these procedures. As almost equal numbers of referrals came from the intake and ongoing units, it was decided to maintain this practice. Procedures for the two types of units only varied in the definition of an eligible case. Procedures established to refer cases were:

- 1. When a worker decided to refer a case for family preservation services, he or she determined the family's willingness to participate in the program;
- 2. The worker discussed the referral with his or her supervisor;
- 3. The worker called the screener to see if there was an opening;
- 4. If there was an opening, the worker referred the case and the DCBS screener determined eligibility for family preservation;
- 5. Eligibility was determined using Kentucky's current review procedures. The screener was also asked to complete a screening protocol that contained a scoring procedure for determining risk. If the screener's decision differed from the recommendation indicated by the score, the circumstances were described of the case that supported the decision that was made (see section on targeting);
- 6. Once the case was determined eligible, the screener notified Westat that an eligible case was ready for assignment. A computerized program was used to randomly assign a case as experimental or control;
- 7. The screener notified the worker that the family had been accepted into the experimental group or assigned to the regular service group;
- 8. If the case was assigned to the experimental group, it was referred for family preservation services.

It was expected that cases referred from intake were cases with recent abuse/neglect reports. Cases referred from ongoing were defined as: the family unit was maintained at home without family preservation service and a new situation emerged which indicated that without family preservation services, the children would be placed in out-of-home care.

Targeting. As discussed earlier, DCBS administrators were concerned that FPP was not always targeted at families in which placement for a child was imminent. The study implemented two new procedures to help improve targeting and identify cases that were at "imminent risk of placement." The first procedure was to identify potentially "high risk" eligible family preservation cases that were not being referred for services. In Louisville, there was a Court Liaison who reviewed every case in which a petition to the court was being filed because there was concern for the child's safety or the case was being referred for foster care placement. Efforts were made to include these cases in the study as more "severe" cases that might not otherwise be referred for family preservation services. For each case in which a petition was filed, we asked that a Worker Safety Checklist be completed by the worker (see Appendix E). For all recently investigated cases in which a petition was being filed, the workers were asked to complete a checklist which covered such issues as: whether or not they were considering foster care, whether the location of the primary caretaker was known, whether the caretaker refused to care for the children, whether the caretaker was chemically dependent without a plan for treatment, whether there was potential for recurring risk of sexual abuse, whether the caretaker was willing to work with an agency, and whether the caretaker was the perpetrator of harm to the child. These questions were developed in conjunction with family preservation and public agency staff to identify potential foster care cases, yet screen out those cases that would not be eligible for family preservation.

The study Site Coordinator reviewed the checklists using established criteria to ascertain whether or not the case should be sent to the screener for family preservation eligibility determination. These criteria excluded cases where workers indicated they were not considering foster care placement, the caretaker could not be located, the caretaker refused to care for the children, the caretaker was chemically dependent without a current treatment plan, or there was potential for recurring risk of sexual abuse. To help ensure that previously referred cases were not re-referred for family preservation, the procedures also included a question about previous referrals.

Throughout the 22 months of data collection, the Site Coordinator reviewed 2103 petitions. Of those petitions, 177 (8 percent) were identified as potentially eligible for family preservation. Of those referred to the screener, 42 percent (74) were randomly assigned. For 51 percent (53) of the cases not enrolled, the reason was that there was no space available in family preservation. Insufficient information accounted for another 23 cases (Table 3-6).

Table 3-6
Results of Petition Review

	N
Number of petitions reviewed	2103
Total petitions sent to FP screener	177
- Cases enrolled in experiment	74
- Cases not enrolled	103
Reasons cases not reviewed	
- No space	53
- Insufficient information	23
- Worker plans to enroll	11
- Other	16

The second procedure to help tighten targeting had the screener use a protocol to review cases referred to her. Screening protocols were developed by the study team to aid the screener. The protocol provided the screener the opportunity to review his or her decision by using a risk index based on factual items such as previous substantiated complaints, more than one maltreated child in the family, previous foster care placements, and the presence of substance abuse. The instrument yielded a score, the midrange values of which were thought to suggest referral to family preservation. Guidelines provided to the screener stated that cases receiving a score greater than 2 and less than 5 fell within reasonable risk, and should be referred. Cases with a score of less than 2 might not be considered at risk. Cases with a score greater than 5 might have too high risk. Although cases outside the 2-5 range could be referred, the screener was asked to provide the reason she believed the case should receive family preservation services. The screener was asked to explain why she was still referring cases that fell below or above the midrange. The screener was told that the tool was not to be used to determine referral, but as a review of her decision. As indicated earlier, copy of the protocol is presented in Appendix B.

Although there were many cases referred to the screener that were not sent to family preservation, screening tools were only completed on those cases referred to family preservation. Table 3-7 presents a breakdown of item responses for each of the screening questions. A total of 327 protocols were completed, approximately 91 percent of the 358 cases randomly assigned. The majority (77%) of the screener's scores for the cases referred to family preservation fell in the midrange between 3 and 5, with an average score of 4.2. The screener's comments about why she referred cases with scores below 3 and above 5 focused on the above 5 scores. She did not provide comments when a case with a score below 3 was referred. However, for the cases with scores above 5, the comments indicated that family preservation was necessary to prevent placement and procedures were in place to ensure safety.

The screening protocol depicted the majority of children (85%) having previous abuse and neglect allegations, with 85 percent of the allegations within the last six months. About one-third of the families had a child previously placed in substitute care. The reader is reminded that these findings are based on the screener's knowledge of the case at the time of referral to FPP.

Throughout the 22 months of data collection, approximately 683 cases were referred to the Louisville screener for family preservation. Of these cases, 323 were randomly assigned to FPP or the control group. A monthly breakdown of the number of cases referred to the screener and then referred for randomization for Louisville is provided in Table 3-8. Only DCBS referrals to family preservation were considered for random assignment. Excluded from the study were cases referred by non-DCBS sources, and family reunification cases.

The number of cases referred for random assignment stayed constant for the first year of the study. A slight decrease in referrals was experienced in the second year. There was not an immediate rise in referrals as the study ended. Referrals in March and April 1998 maintained at 28 and 29 per month respectively. Conversations with the screener indicated that it became more difficult to continue to get workers to refer cases for family preservation, as they experienced having more of their cases go control.

3.4.2 Lexington Procedures

Based on Family Preservation yearly reports from Seven Counties, the number of referrals received from DCBS increased from 1996 - 1998. The number of referrals was 185 in 1996, 244 in FY 1997, and 294 in FY 1998. There was also a slight increase in the number of referrals accepted, 109 in FY 1996 as compared to 135 in FY 1998. For FY 1997 the referrals accepted were similar to FY 1996, 110.(28)

Table 3-7
Screening Protocol Responses

Screening Protocol Questions	(%)
1. Number of children in family at risk of placement	
One	35
Two	31
Three	16
Four	9
Five or more	8
Unknown	1
2. Number of previous substantiated abuse and neglect reports:	
Two or more	60
One	25
None	14
Unknown	1
3. Substantiated or confirmed allegation in last six months:	
Yes	85
No	12
Unknown	3
4. Has a child in the family previously been removed and placed in substitute care because of maltreatment	
Yes	33
No	49
Unknown	18
5. Perpetrator currently living in the home made threats of physical harm to the family in the last two weeks?	
Yes	12
No	51
Unknown	37
6. Perpetrator currently living in the family ever been convicted of a crime against a person	
Yes	3
No	37
Unknown	60
7. Perpetrator currently living in the family abuses drugs	
Yes	3
No	54
Unknown	43
8. At least one of the victims 3 years old or less	
Yes	43
No	57
9. Single-female-headed household	

Yes	48
No	52
10. Any income from employment	
Yes	27
No	37
Unknown	36
11. Protocol score	
0	<1
1	1
2	11
3	22
4	29
5	26
6	7
7	3
8	<1
Average Score	4.2

Table 3-8
Number of Cases Referred to the Screener and Enrolled in Study in Louisville

Month	Number of Cases Referred to Screener	Number of Cases Enrolled E C Total		
May-96	43	6	9	15
June-96	37	10	4	14
July-96	37	8	8	16
August-96	Incomplete	3	7	10
September-96	46	5	2	7
October-96	40	7	9	16
November-96	52	9	7	16
December-96	41	4	1	5
January-97	42	9	3	12
February-97	31	8	10	18
March-97	34	3	7	10
April-97	40	11	14	25
May-97	24	8	6	14
June-97	20	4	6	10
July-97	37	9	9	18
August-97	21	11	4	15
September-97	22	11	4	15
October-97	38	10	22	32
November-97	26	8	15	23
December-97	Incomplete	5	5	10
January-98	29	9	11	20
February-98	23	1	3	4
March-98	29	Random Assignment Over		

April-98	28	Random Assignment Over		
Total	740	159	166	325
317 Net study cases, 6 inappropriate referrals and 2 cases referred twice				

Although negotiations for Louisville and Lexington started at the same time, the study did not begin in Lexington until the end of August 1996, almost four months after start-up in Louisville. Setting up the experiment in Lexington met with much resistance by the local agency staff. Prior to the study beginning, staff morale was low and referrals to family preservation were waning. State office and family preservation personnel (both local and state) were committed to implementing the study. They hoped that the study would increase referrals to the FPP program. It was decided that the study would go ahead, and the state family preservation coordinator became the family preservation screener. Prior to this, screening of cases was done by the supervisor of the family preservation program, Bluegrass Comp Care. Thirty-two net study cases were enrolled in Lexington over eight months. Resistance of local public agency staff was not overcome, and it was decided that it was best to discontinue the experiment in Lexington.

3.4.3 Workers' Major Concerns About the Study

Throughout the course of data collection, meetings were held with supervisory and casework staff at the public agency and at the family preservation program. Initially group meetings were held to explain study procedures and identify staff concerns. Subsequent meetings were held to try to allay workers' worries and keep communication open. The study site coordinator was housed at the Louisville public agency so that she was available to have individual meetings with workers as concerns about the study and its effect on operations and services to families came up. Concerns fell into two major categories: 1) the ethics of random assignment and denying services to clients; and 2) the disruption of service delivery caused by study procedures.

Random Assignment. Implementing random assignment procedures met with much resistance by caseworkers and family preservation therapists. They were concerned about the ethics of random assignment and what they perceived as denying services to families who needed them. The study design was based on the assumption that each participating county had a higher demand for service than the existing slots permitted. This was true in Louisville where nearly twice as many cases were referred to the screener as were entered into the study. However, as workers noted, in the past when services were not available, a worker might patch services together for a family until there was an available FPP slot. This made it particularly difficult for workers to accept a case being assigned to the control group, because control cases could not be referred again at a later date.

Workers' beliefs that random assignment denied services to families were fueled by the fact that random assignment removed worker control over decisions about their cases. This was complicated by the fact that workers who were good advocates for their families could not get the system to provide the service they believed the family should have. A good example of this tension was one worker's experience with the study. Apparently there had been some confusion between the screener and worker about being able to re-refer a case that went control. Initially the worker told the family that they could be re-referred after going control. The worker was very concerned that this was a child with Attention Deficit Hyperactive Disorder and the mother needed immediate help in controlling the child's behavior. The worker found other services for the child that the family had to pay for. The worker blamed random assignment for denying a service to a family and forcing them to pay for a service that they were entitled to receive for free. Workers were particularly galled by not being able to have control over their decisions and giving that decision up to a computer.

Another worker reported that random assignment denied services to families in his opinion, because appropriate cases did not necessarily come in on a regular basis. There were times when there were more cases referred than slots available. However, there were also times when there were fewer appropriate cases than openings in FPP.

It was often difficult to differentiate workers' angst about the ethics of random assignment and their discomfort over changing service delivery procedures. Both were realities for them and they identified a number of service delivery issues they felt would be affected by the experiment.

Service Delivery. Workers' concerns about how study procedures and random assignment affected service delivery to families were varied. While some of these concerns did materialize, other anticipated concerns did not come to fruition.

One of the more problematic issues concerned the procedures for obtaining IV-A eligibility for families. To obtain IV-A funding for family preservation services, workers were required to have families sign a form. This form also served the purpose of obtaining a family's commitment to FPP, if services were available. Policy required workers to tell families that services might not be available, and the form only showed their interest in receiving services. Signing the form did not mean that the family would get FPP. However, in practice, the workers did not use the form in this way. Workers expected that eventually, families would get FPP, even if there was not a current opening, there would be a future opening. Therefore, they did not tell families they would get the service only if it was available. Instead, they used the form as the family's acknowledgement of accepting services. This procedure became a major hurdle in the implementation of random assignment. Caseworkers could not refer a case to family preservation without the signed eligibility Title IV-A form. Because of random assignment, workers could not promise a family that they would get services. This often required the worker to make two trips to a family's home. (29)

Workers also feared that the study would create a higher turnover of workers. They believed that FPP helped relieve workers of difficult cases so they could concentrate on other cases. By having to keep difficult cases they would not spend time on other cases, become frustrated and quit. Interviews with caseworkers and supervisors indicated that this did not happen.

Caseworkers indicated that family preservation was often used to show "reasonable efforts" prior to placing a child in foster care to meet the P.L.96-272 requirements. Workers were concerned that if a family became a control case, and could not receive family preservation services, it could be interpreted by the family's attorney that workers had not tried every possible option to keep a child from going into foster care. In turn, they thought this would prolong termination of parental rights as a case could not be made that everything had been done to prevent termination. While these were legitimate concerns, there were no reports of this actually occurring.

Caseworkers were upset with the study's disruption of court procedures. There were instances in which a judge would order a family to have FPP. It was incumbent upon a worker to remind the judge that a study was in process, and families were being randomly assigned to the program. Workers were very upset about having to tell judges that a case could not get family preservation services because of the study. In Kentucky, the judge can order services, but not a particular service. But as a number of workers said, "tell that to the judge."

Many workers indicated that there were simply no alternatives to FPP and "when a case is appropriate for the HELP team, that is what is needed, not something else." Investigation and intake workers complained that random assignment forced them to patch services together when a case went into the control group, further evidence that FPP was not always used to deter foster care placement, but as an alternative to other services.

Caseworkers were also interviewed after the study was over. Not surprisingly, many of the issues they raised during earlier conversations remained as concerns. They were never comfortable with random assignment. When queried about how the families they referred during the study differed from families that would usually be referred, they indicated that they felt there was a difference. The study caused them to refer families they wouldn't ordinarily refer because more referrals were necessary to meet study demands. Supervisors did not agree with this assessment. They felt that workers often had to be encouraged to refer a case, especially if many of their cases went control. However, there was not a difference in the type of family that was referred. Both Seven Counties and CPS workers stated that it was hard to find foster care placements and the motive to provide alternative services lessened the risk of placement of the control group cases.

Violations and Exceptions. As part of our negotiations with DCBS, it was agreed that a limited number of eligible cases could be excluded from the study. DCBS administrators felt it was important that they not deny services to families that local agency staff identified as having an unacceptably high level of risk. It was agreed that eight cases could be considered exceptions prior to random assignment. There were six post random assignment exceptions (called violations in this report) to be used for cases that were assigned into the control group, but later, due to new circumstances, were determined to require FPP. All exclusions and violations had to be approved by the District Manager. In Kentucky a total of five exceptions and nine violations occurred. Interviews with caretakers and caseworkers were conducted on all cases randomly assigned, except for inappropriate referrals.

Inappropriate Referrals. The family preservation program has a reunification component for families whose children are in foster care but are to be returned home within two weeks. These cases were not supposed to be enrolled in the study. However, circumstances of cases were not always clearly understood at the time of referral. Therefore, some cases that were referred to the study were identified as having children in foster care for over seven days at the time of referral. These cases were later removed from the study. There were a total of nine inappropriate referrals in Kentucky.

[Go To Contents]

3.5 Other Initiatives

Near the end of the study period, the Department underwent a reorganization and welfare reform activities were implemented.

3.5.1 Restructuring

In 1998 the Cabinet for Families and Children began a major restructuring. Two Departments, the Department for Social Insurance and the Department for Social Services were combined to form the Department for Community-Based Services. The separate regions of these two Departments were combined into common regions. According to Cabinet Secretary Viola Miller, "Welfare reform, the need for a more community-minded approach to human services, and the demands of our own employees have been the driving forces behind this decision." The goals of the restructuring were to:

- 1. Improve quality of service to families - less crisis intervention, more prevention/stabilization;
- 2. More emphasis on positive outcomes for families;
- 3. Comprehensive service delivery, instead of fragmentation;
- 4. Community orientation;
- 5. Let families feel like part of the solution, rather than be lost in rules and red tape;
- 6. Maximize federal resources;
- 7. Blend fiscal and human resources, reducing duplication and increasing productivity;
- 8. Provide a team approach; and
- 9. Create greater flexibility and autonomy at the local level

The seeds of the restructuring began in 1996 with the EMPOWER Kentucky initiative. The goal of the initiative was to save taxpayer money, improve the efficiency of services, and better equip state employees with the tools they need to perform their jobs. With the advent of welfare reform it was felt that the Department for Social Insurance had to expand its operations from merely getting benefits out in a timely and efficient manner. There had to be programs in place to help recipients get back to work. The state believed that the best way to accomplish this was to collaborate with the community and other agencies. The Cabinet also wanted to use a community-oriented approach to more effectively fight child abuse by building partnerships with churches, neighborhood groups, and other individuals and groups using preventive techniques. It was intended that increased decision making authority be given to the regions, with the central office in Frankfort providing training, technology, and technical assistance.

3.5..2 Welfare Reform Initiative

With the passage of the 1996 Welfare Reform Act, the Cabinet for Families and Children was concerned about the impact that the new time limits and work requirements would have on the Kentucky welfare population. Questions to be answered included: Would there be adequate resources to train people within the five year limit and would homelessness and poverty become endemic? Could the hard-core unemployable go to work and would clients keep jobs and become self-sufficient? Cabinet contracted with the University of Louisville's Urban Studies Institute (USI) to conduct a longitudinal, outcome-based evaluation of the effects of welfare reform. The evaluation had two components. The first was to work with Cabinet Departments to develop a database to track the trends and impact of reform on individual clients, and enable the Cabinet to meet the research and evaluation mandates accompanying welfare reform. USI also conducted a panel study of current and former clients to measure their quality of life for up to five years, with additional cohorts added each consecutive year. Recipients, prior to welfare reform, were also included in the study. Administrative data files summarizing client activity in 1994, 1995, and 1996 were included. The data from years prior to the establishment of TANF were used as a source of baseline data.

[Go To Contents]

3.6 Summary

Kentucky has offered family preservation services since 1985, when it served as one of the original pilot projects funded by the Edna McConnell Clark Foundation. The state funded three sites in 1989 and by 1996 family preservation programs were available in all 120 Kentucky counties. Over the years state policy and procedures have remained consistent, based on the Homebuilders model. The program has remained focused on identifying children at imminent risk of foster care placement and preventing that placement from occurring. Although policy has been consistent, caseworkers acknowledged that their definition of imminent risk was varied. Often caseworkers perceived family preservation services as an alternative service, which might aid in preventing future placement, but not necessarily targeting children at imminent risk of placement.

State and local administrators recognized the targeting problem and worked with the study staff to implement more stringent procedures. A screening protocol was used by the local screener to review all cases referred for FPP. Also, a procedure was implemented to review all cases in which a worker was filing a court petition for foster care placement or for the court's involvement in protecting the safety of the child.

In Louisville, the main study site, the family preservation program was well regarded by both caseworkers and the courts. There were some suggestions for improvement in communication between family preservation therapists and caseworkers. Some caseworkers believed that therapists needed more flexibility when working with families, while some therapists felt that caseworkers needed to stay more involved with families once they were referred for family preservation services. A major concern of both the public and private agencies was services for families in which drug abuse was a problem. While all staff agreed that this was a prevalent problem, there was not consensus as to whether FPP was the appropriate resource to address the issue. Overall, the courts, therapists, and caseworkers believed that family preservation services were a needed resource for families.

Kentucky random assignment for the evaluation was conducted from May 1996 through February 1998. The study mainly took place in Jefferson County (Louisville), with Fayette County (Lexington) participating for eight months. A net sample of 349 cases was assigned, 317 cases from Louisville and 32 cases from Lexington. Interviews with caretakers and caseworkers were conducted. Administrative data were also collected. The analyses of these interview and administrative data are presented in Volume Two.

While Kentucky staff were frustrated with study procedures and could not wait for random assignment to end, all levels of staff -- administrators, screeners, supervisors, caseworkers, and therapists put forth a tremendous effort and helped to maintain study integrity.

Endnotes

22. At study inception the Department was known as the Department of Social Services (DSS).

23. Kentucky Family Preservation Act, 1990.

24. Department for Social Services Program Manual, Family Preservation Section

25. The Kentucky Impact program works to prevent psychiatric placement of children.

26. At the beginning of the study, the Department was DSS.

27. The ongoing case total includes adolescent service units.

28. Fiscal years go from July to June.

29. We considered changing the study procedure, but local management wanted workers to follow the policy as it was written. It was believed that by shortcutting the policy, workers were not necessarily using family preservation for imminent risk cases. Study procedures did allow workers to call for an assignment from a family's home, but they never used this procedure.

Where to?

Top of Page | Contents

Main Page of Report | Contents of Report

***Evaluation of Family Preservation and Reunification Programs: Final Report: Volume 1:* New Jersey**

4. New Jersey

[Main Page of Report | Contents of Report]

Contents

- 4.1 Introduction
- 4.2 History of FPS Service in New Jersey
    - 4.2.1 Referral Process
    - 4.2.2 Statewide FPS Case Characteristics
    - 4.2.3 Reunification Component of the Program
    - 4.2.4 Training
- 4.3 Implementation of the Evaluation of Family Preservation and Reunification Services
    - 4.3.1 State's Interest in FPS Evaluation
    - 4.3.2 DYFS Evaluation
    - 4.3.3 The New Jersey Family Preservation Services Targeting Referrals Project
    - 4.1.1 Evaluation of Family Preservation and Reunification Services
    - 4.3.4 Initiation of Project
    - 4.3.5 The Random Assignment Process
    - 4.3.6 Concerns of DYFS and FPS Staff
    - 4.3.7 Violations and Exceptions
    - 4.3.8 Inappropriate Referrals
- 4.4 Child Welfare Issues in New Jersey
- 4.5 Current Status in New Jersey
    - 4.5.1 Feedback From Counties Post-Random Assignment.
    - 4.5.2 FY 1998 Case Characteristics of Participating Counties
    - 4.5.3 Current Policy Context
- 4.6 Summary

Endnotes

4.1 Introduction

The New Jersey Division of Youth and Family Services (DYFS) is a state-administered child welfare system with four regions, 21 counties, and a total of 35 field offices. There is a statewide family preservation program, which during the study time frames was using the Homebuilders model,(30) with the service provided by contract with not-for-profit agencies in each county. A state office coordinator is responsible for developing uniform selection criteria, training, contracting procedures, and oversight of the contracts for family preservation service (FPS). While all FPS workers are trained using a consistent program model, the county DYFS offices maintain some autonomy in determining how the program is used. Family preservation was originally funded in New Jersey to serve adolescents and prevent placement in residential care. A shift in state policy to change the emphasis to serving families with younger children was made just prior to the implementation of the evaluation.

The sources of material for this section are reports and documents produced by the state and interviews with personnel at DYFS and FPS programs. The comments from staff offer insight into individual practice in the counties or offices in which they work. This helps provide an understanding of the context in which services are provided. However, these observations only reflect the perceptions of the individuals we interviewed.

A summary of how New Jersey compares to national child indicators is reflected in Table 4-1. Data has been abstracted from the Kids Count Data Book, published by the Annie E. Casey Foundation. New Jersey has 16 percent of children covered by Medicaid or other public-sector health insurance compared to 25 percent of all children in the nation. With respect to most indicators, New Jersey's children and families are similar to the national average. As described in Section 3.2, the Casey Foundation has developed a family risk index. Using the Casey risk calculation, in New Jersey, 11 percent of the children are consider at risk as compared to 14 percent of children in the nation.

Table 4-1
Indicators of Child Health, Education and Welfare in New Jersey as Compared to Nation

	New Jersey	Nation
Percent low birth weight babies	7.7%	7.4%
Infant mortality rate (deaths per 1,000 live births)	6.9	7.3
Percent of 2 year olds immunized (1994)	78.0%	78.0%
Percent of children without health insurance	14.0%	14.0%
Percent of children covered by Medicaid or other public-sector health insurance (1996)	16.0%	25.0%
Child death rate (deaths per 100,000 ages 1-14) (1996)	22	26
Teen violent death rates (deaths per 100,000 ages 15-19)	36	62
Teen birth rate (Birth per 1,000 15-17 females)	37	34
Percent teens who are high school dropouts	6.0%	10.0%
Percent of 4th grade student scoring below basic reading level (1998)	N/A	39.0%
Percent of 8th grade students scoring below basic math reading level (1998)	N/A	28.0%
Median income of families with children in 1996	$54,200	$39,700
Percent of children in poverty in 1996	14%	20%
Percent of children in extreme poverty	7%	9%
Percent of children living with parents who do not have full time year-round employment	26%	30%
Percent of families with children headed by a single parent	22%	27%
Source: *Kids Count Data Book*, published by Annie E. Casey Foundation, 1999.		

[Go To Contents]

4.2 History of FPS Service in New Jersey

New Jersey has provided FPS services since 1987 using the Homebuilders Model. A project director was hired in September 1986 and program design and contracting enabled four programs to begin operations in June 1987. These initial four programs were in Cape May, Cumberland, Essex, and Hudson Counties. By the end of the following year, four additional programs were initiated. FPS services were available in 14 of its 21 counties by 1990. Following the passage of the federal legislation, New Jersey passed a Family Preservation Act in 1993.

The new legislation resulted in the extension of FPS programs to all 21 counties by October 1995. In addition, the bill established the requirement for a statewide coordinating unit, the Family Preservation Technical Support Unit, TSU, to implement the FPS philosophy consistently statewide and to monitor FPS contracts for service. The bill also required the development of a manual of standards for all districts and monitoring by the state legislature including a yearly report. The report must include, at a minimum, the number of families served; the number of children placed in foster care, group homes, and residential settings; the average cost of providing services to a family; the number of children who remain with their families for one year after receiving services; and recommendations for improving the delivery of FPS services in the state.

The state used Title IV-A emergency assistance funds (EAF) to support the expansion of FPS to all 21 counties in 1995. The annual budget for FY 1995, prior to the use of EAF was $3.4 million. Current administrators report that the recent block granting of IV-A funds has not affected the funding of FPS.

Description of FPS Model. DYFS chose to utilize the Homebuilders model for family preservation services, considered "a gatekeeper" to out-of-home care in the last community-based effort to prevent out-of-home placement for a child. It was initially established to reduce the number of congregate and institutional placements of adolescents in the state. It is now described as playing an important role in the continuum of care available within the state's children's services.

Caseload size, intensity and duration, and accessibility of the family preservation service are defined in state legislation. These requirements are summarized as follows:

- Each worker carries a maximum caseload of 2 families at a time. He or she is allowed to add a third family when one of the two cases enters the last week of service. The worker may serve a total of 18 families within a 12-month period;(31)
- An eligible family shall receive an initial visit within 24 hours of the referral to family preservation;
- The worker shall be available to provide services to the family for 24 hours a day, seven days a week;
- The program shall provide services to a family for four to eight weeks as appropriate; and
- The worker shall provide for no less than five hours of direct service each week.

The state standards for FPS workers stress flexibility of schedule. As to the intensity of service, there is a five-hour per week minimum for contact with families. This is interpreted in the standards as an average of ten face-to-face hours per week with a minimum of three face-to-face contacts per week. More intense services are provided during the initial weeks and in cases with extensive safety issues or other severe needs. Workers are required to keep a phone beeper active or maintain a backup beeper for another worker at all times.

Each program is budgeted to provide limited financial assistance to families. Since the inception of the program in 1987, an average of $75 per family has been budgeted. The money is available to help families with concrete needs such as unpaid utility bills or household appliances or to be used as a token reinforcement to facilitate progress in goal achievement. FPS programs also can apply for Protective Services Emergency Funds (PRS) through the referring DYFS office. This additional funding is available to ameliorate a situation of abuse and neglect where there is an immediate threat to the child's well being or inability of the parent to continue caring for the child. Allowable expenditures include household equipment, food, and payment for shelter.

Each FPS program is required to establish a county-based FPS Advisory Council. The Advisory Council provides input to the FPS program and DYFS from the local perspective. The council is chaired by the FPS director and co-chaired by the DYFS worker responsible for screening cases to the FPS program in each county (DYFS screener). The body includes at least one representative from each of the referring agencies in the county as well as key agencies involved in followup services for families. Issues for discussion include eligibility criteria, case management, follow-up service, case closure, defining imminent risk, and how to use the program for substance abusing parents. The councils have been most successful in counties where referrals come from many sources, but are inactive in counties that focus only on DYFS cases (e.g., Bergen, Ocean).

4.2.1 Referral Process

Although decisions to refer families are made by the worker and supervisor, workers do not directly refer cases to family preservation programs. Each county has an appointed DYFS screener. All referrals to FPS must be made through the DYFS screener in the designated county. The screener makes referrals to the FPS program when slots are available and maintains a log of unmet need, when no slots are available at time of referral. The screener monitors the referral process, making sure that the referring worker has completed all necessary forms and processes. When a vacancy becomes available in the FPS program, the screener makes a referral on a first-come first-serve basis. Consistent with the criterion of imminent risk, DYFS policy precludes keeping a waiting list for service.

The DYFS referral process allows a DYFS worker to respond immediately to the service needs of a family with a child at risk of placement. Before referring for FPS, the worker must:

- determine that the family has children at imminent risk of placement;
- conduct an assessment in a face-to-face interview within 3-5 days prior to the referral;
- discuss the availability of the FPS services with the family to assess their likely interest and willingness to participate;
- determine that the children's safety is not at risk, if left in the home;
- determine that other less intense services have been used [but] have not reduced the imminent risk or are not appropriate or not available.(32)

The worker first presents the recommendations to her or his supervisor and then, if approved by the supervisor, to the screener for referral.

DYFS has decided that FPS should be used cautiously for three populations that require specialized resources: homeless families, out-of-county residents, and families with identified substance abuse problems. These special circumstances must considered during this assessment by the caseworker. Families that are homeless and living in a shelter can be considered on a case-by-case basis. Families that move across county lines are eligible for FPS in their county of residence. Referral can be made by a caseworker in the former county to the screener in the new county. Similarly, there are limits on services to families with substance abuse problems. The policy suggests that it is unlikely that a substance problem can be resolved in a 5-6 week period. FPS can be used in these cases to help with parenting skills and to provide coordination with the treatment program.(33)

Targeting of Referrals. FPS in New Jersey was initially intended to enhance the continuum of services available for adolescents. In the last few years, the state has encouraged a shift in the focus of their targeting to families with young children. FPS is designed to work with families with children at imminent risk of placement in order to prevent unnecessary placement. As stated in the FPS manual, given that each county's caseloads and placement options vary, discussion should outline the types of families considered to be at imminent risk of placement.(34) Final decisions concerning policy related to FPS are made jointly by the FPS providers and DYFS.

According to state legislation, FPS is targeted at families with substantiated abuse or neglect, where the children are at risk of harm from maltreatment. Referrals from non-DYFS sources must have risk of placement, but do not require confirmed abuse or neglect. The state defines three levels of eligibility for targeting purposes:

· Level one includes families with at least one child at imminent risk of placement, unless changes in family coping or behavior patterns occur, placement will occur or there is one child in temporary placement less than thirty days.

· Level two includes families where at least one child is in a temporary placement and was in a placement for less than ninety days in the past or at least one child who is living at home and who was previously in placement for no more than six months or at least one child who is living at home and who has been in a previous shelter, detention, or foster home placement of any kind for any duration.

· Level three includes families preparing for reunification where a child is currently in placement and is expected to reunite within seven days regardless of the length of time the child has been in placement.

These broad and overlapping criteria for targeting allow individual counties the flexibility to look very different from the state legislative vision.

County practices certainly varied from this model. Workers interviewed from our seven study counties presented several alternatives. In most counties the major types of referrals are ongoing cases, cases in which workers have worked with the family for many months or years. A worker has to demonstrate that many alternative services have been offered. This so-called three-service rule, in practice, often discourages workers from making a referral to FPS until very late in the life of the case. For many families, workers seemed to consider FPS because it was the only option of service left to offer a family in long-term cases. For example, in Bergen County, the screener reported that traditionally only a small percentage of cases originated from intake. She estimated that only 30 percent of cases result from recent incidents of maltreatment. Across the seven study counties, 50 percent of the cases were from investigating workers. A statewide referral form was used in all counties (see Appendix F).

According to Statewide guidelines, counties cannot maintain waiting lists for FPS service. However, DYFS screeners are permitted to maintain a list of "chronic families" who might benefit from FPS service if a vacancy occurs. In practice, the distinction between this list and a waiting list is trivial and was difficult to distinguish in interviews with county staff. One county clearly reported the use of a waiting list, particularly for families with adolescents with behavior problems. The children were temporarily maintained in their homes, often using homemaker services, until a FPS vacancy occurred. Workers indicated that being on the waiting list provided relief to the stressed caretaker, knowing that intensive FPS service would eventually become available.

Sources of Referrals. DYFS is the primary funder of FPS in New Jersey. DYFS screeners are the only authorized individuals who can make referrals to the contracted FPS provider in each county. While DYFS is the primary referral source, in some counties, referrals can also be made by other sources. In 1996 the breakdown of referral was 73 percent from DYFS and the remaining referrals from the following sources.

Family Court: About eight percent of the referrals came from Family Court and were comprised of voluntary requests for family preservation services from families ordered directly by a judge;

County Crisis Intervention Units (CIU's): This is a delinquency diversion program which works primarily with unadjudicated teens and comprised about 12 percent of the referrals;

Children's Crisis Intervention Services (CCIS): This is a diversion service provided by the Division of Mental Health and was responsible for about 4 percent of the referrals; and

Other: The remaining three percent of the referrals were made by other sources. The main source was the Case Assessment Resource Team (CART). The CART is an interdisciplinary team including DYFS and other state agencies to prevent teens from being placed in out-of-state residential treatment facilities and works towards returning those teens that are placed out-of-state.

The non-DYFS referrals must be made through the screener. DYFS cases and families known to DYFS get priority, if a vacancy is available in the program.

The table below (Table 4-2) shows the number of referrals and percentage of referrals that come from DYFS as a referral source. "N/A" means the program was not yet in operation. The new programs that began in FY 1996 (Hunterdon, Middlesex, Ocean, Somerset and Warren) serve only DYFS cases. Bergen County, one of the earlier programs, also serves only DYFS cases.

Table 4-2
Number and Percentage Of DYFS Referrals to FPS by County for FY 1994-1996

	FY1997		FY1996		FY1995		FY1994	
County	N	%DYFS	N	%DYFS	N	% DYFS	N	%DYFS
Atlantic	45	68.9	64	46.9	66	33.3	67	29.9
Bergen*	103	100	109	100	110	100	100	100
Burlington*	105	73.3	88	80.7	78	55.1	94	56.4
Camden*	83	66.3	83	61.4	159	58.5	226	52.7
Cape May	54	74.1	51	74.5	60	56.7	59	55.9
Cumberland	145	93.1	150	74.7	119	68.1	122	57.4
Essex*	214	71.0	166	73.5	229	52.4	161	67.1
Gloucester	38	50.0	47	36.2	70	22.9	94	28.7
Hudson	194	73.2	151	67.5	179	57.0	129	76.7
Hunterdon	40	100	21	100	N/A	N/A	N/A	N/A
Mercer	93	89.2	95	72.6	108	50.0	125	48.8
Middlesex	107	100	85	100	N/A	N/A	N/A	N/A
Monmouth*	97	74.2	88	71.6	110	57.3	100	79.0
Morris	95	67.4	84	73.8	N/A	N/A	N/A	N/A
Ocean*	56	100	53	100	N/A	N/A	N/A	N/A
Passaic*	82	86.6	103	59.2	113	56.6	99	61.6
Salem	68	94.1	71	88.7	76	64.5	81	59.3
Somerset	40	100	23	100	N/A	N/A	N/A	N/A
Sussex	60	48.3	37	70.3	N/A	N/A	N/A	N/A
Union	79	86.1	126	47.6	140	26.4	167	49.7
Warren	43	100.0	36	100	N/A	N/A	N/A	N/A
TOTAL	1841	81.0	1731	73.6	1617	55.0	1624	59.2
*Evaluation Sites								

As can be seen from the above table, there is considerable variation in the proportion of cases coming from DYFS. Looking at the evaluation sites (marked with *), Passaic County increased from 59.2 percent in FY 1994 to 86.6 percent in FY 1997 of cases documented as DYFS referrals. In actual numbers, this is reflected by a major reduction in non-DYFS referrals in

Passaic County from 42 in FY 1996 to 10 in FY 1997.

Counties also developed separately funded FPS programs for targeted populations. Essex had a second FPS program specifically funded for boarder baby referrals. Monmouth and Burlington Counties also reported the funding of additional slots specifically for the Crisis Intervention Unit (CIU) used primarily by the court.

4.2.2 Statewide FPS Case Characteristics

FPS programs are required by contract to collect and report social and demographic information on the families that they serve. Statistics are available through Fiscal Year 1997, as reported in the Family Preservation Annual Report. DYFS has placed an emphasis on having the families served by FPS programs reflect the composition of the DYFS general population and the communities they serve.

In New Jersey, the FPS programs have historically served more one-parent families. In FY 1996, 57 percent of families served were one-parent families (single, divorced, separated, and widowed). Additionally, from FY 1992-95, approximately 39 percent of families served were reported as having AFDC as their primary source of income. FY 1996 showed an increase in this percentage to 48 percent.

The largest racial group served statewide is white families, including around 40 percent of families served in FPS each year, as shown in Table 4-3 below.(35) The percentage of white families increased slightly from 41.5 percent in FY 1994 to 44.8 percent in FY 1997 with a corresponding 4.3 percent decrease in the percentage of African American families served.

Table 4-3
Race/Ethnicity of Families Served in FPS

Race of Families Served	FY 1994	FY 1995	FY 1996	FY 1997
	%	%	%	%
White	41.9	39.7	42.7	44.8
African-American	37.1	37.7	36.5	32.8
Hispanic	14.3	15.7	14.4	16.5
Other	6.7	6.9	6.4	5.9

In FY 1995, there was discussion during state budget planning that FPS programs were not adequately serving the appropriate population.(36) The DYFS Program Report for Fiscal Years 1995 and 1996 suggests that the FPS caseload should ideally reflect the active DYFS and foster care caseloads. Statewide, about two-thirds of the children in foster care are African-American, while 37 percent of FPS population served during the year was African-American. There is some county variation. The African-American populations of certain counties' FPS and total active caseloads (e.g., Essex, 84% FPS and 86% active caseload) more closely match (Table 4-4). While there is some possible bias in comparing FPS full-year statistics to point-in time DYFS caseload demographics, DYFS suggests that caseload demographics have not changed much over the past several years. Most programs have not served African-American families in the same proportion as the foster care caseload.

Table 4-4
Percent of FPS, DYFS Total, and Foster Care Caseload That is African-American by County

	Caseload[b]		
County	FPS[a] %	DYFS Total Caseload %	DYFS Foster Care Caseload %
Bergen	15	25	33
Burlington	23	32	44
Camden	33	54	67
Essex	84	86	92
Monmouth	26	39	59
Ocean	12	19	37
Passaic	39	45	60

Statewide	37	50	67

[a] The report uses cumulative yearly percentages as reported by FPS programs. The DYFS Active Caseload counts for Total and Foster Care are point in time. Active caseload can reflect duration bias for those children remaining longer in the DYFS actual or foster care caseloads.

[b] Family Preservation Services. Program Report for Fiscal Years 1995 and 1996, July 1997, pg. 43.

During the three-year period FY 1994-1996, older children continued to be targeted by family preservations programs. However, the percentage of older children, age 13-17, decreased from 56 percent in FY 1995 to 37 percent in FY 1997. DYFS credits this shift to an increase in service to children in reunification cases, where the distribution of ages of children tends to be younger. In addition, several of the newer programs, including Huntingdon, Ocean, and Somerset served a majority of younger children in FY 1996.

4.2.3 Reunification Component of the Program

In New Jersey, referrals can be made to family preservation services for both placement prevention and family reunification. As described in the DYFS family preservation standards manual, placement prevention applies to families where one or more children are at imminent risk being placed into foster care. Children in short-term emergency placements at risk of longer placements are also eligible for placement prevention services. Families with children already in placement for any period of time are eligible for referral to FPS as reunification cases. Workers can refer families when they are preparing to reunite with a child currently in placement within 7 days. This is regardless of the length of time the child was in placement.

Family reunification cases in family preservation are eligible for the same services as placement prevention cases. By definition, the criterion for imminent risk of placement does not apply for reunification cases. For reunification cases, workers and FPS screeners appear to have broader latitude in determining when a family will benefit from FPS service. In addition, FPS programs are monitored for contractual compliance in preventing children from avoiding placement. Reunification cases are excluded from this monitoring, so these cases are perceived as under less scrutiny by the programs.

4.2.4 Training

In FY 1996 all Child Protective Service (CPS) workers, around 2,000 field staff statewide, participated in a full day of training on the philosophy and practice of family preservation services. The intent of the training was to encourage a conformity of type of cases referred to FPS around the state and to train new workers. The training emphasized that child safety is paramount. CPS and FPS workers should only consider or continue family preservation services if there is minimal safety risk to the children in leaving them in their own homes. Separating children from families and creating new temporary or permanent families was emphasized as good practice in some situations. The training reviewed the basics of family preservation assessment, interventions and referrals, and the techniques that are used with families.

In New Jersey, there has been consistency in the content and philosophy of training of FPS workers. Since the inception of FPS in New Jersey, Behavioral Science Institute (BSI) conducted the training sessions for new workers at the 13 programs in the state. In March 1998, the state ended their contract with BSI. According to the FPS administrator, it was felt that the BSI program was too generic and that a New Jersey-specific program was needed. The Family Preservation Institute, a joint program with Rutgers University, began training in September 1998.

[Go To Contents]

4.3 Implementation of the Evaluation of Family Preservation and Reunification Services

DYFS, as reflected in interviews with FPS administrators and in their manual materials, is interested in integrating ongoing evaluation into the development of its FPS program statewide. The FPS state legislation in 1993 also required monitoring of outcomes of the program. Before discussing the implementation of the evaluation in New Jersey, Section 4.3.1 will review previous studies in the state and the lessons learned.

4.3.1 State's Interest in FPS Evaluation

Changes in the FPS programs have resulted from the previous studies conducted by the state. DYFS administrators described them as important and necessary catalysts for some of the changes in the FPS service and delivery models that have occurred over its ten-year history. The following sections briefly describe DYFS's evaluation and the Targeting Referrals Project.

4.3.2 DYFS Evaluation

A DYFS evaluation of the New Jersey family preservation model was conducted in four counties (Feldman, 1991). Cases were randomly assigned and followed for one year after service. Data are available on 117 experimental and 97 control cases. Thirty-three families that were "turned back" from the experimental group were excluded from the analysis.

Findings. Analyses were conducted on both placement prevention and improvement in family functioning. Measurement occurred at several points in time and comparisons were made between the treatment and control groups. Both the treatment and control groups made gains on the Moos Family Environment Scale, Interpersonal Support Evaluation List, and Child Well-being Scales. However, there were few significant differences between groups in the amount of change.

The differences in placement rates between the treatment and control groups were also examined (Table 4-5). During the intervention period, approximately 6 weeks, 6 percent of families in the experimental group and 17 percent of families in the control group experienced placement of at least one target child. At 6 months post-termination, 27 percent of families in the experimental group and 50 percent of control group families had experienced at least one placement. At one year post-termination 43 percent of those in the experimental group and 57 percent of families in the control group had experienced placement.

Table 4-5
Placement Data by Months Since Termination

	Percent of Families with Child Placed	
Months Since Termination	**FPS treatment**	**Control**
3 months	22	37
6 months	27	50
12 months	43	57

The state concluded that FPS services can be effective in preventing placement for the short term.(37) If used as a short-term "front-end" it can be useful as part of the continuum of services needed by a family. However, more information is needed about the targeting of families and outcomes. In particular, staff wanted to know which families are likely to get the best outcome from the short-term service.

4.3.3 The New Jersey Family Preservation Services Targeting Referrals Project

Following the DYFS study, it was felt that the decision-making process involved in making a referral to FPS needed to be evaluated. In 1992, DYFS, with funding from the Tri-State Network of Homebuilders, conducted a study to examine the caseworker decision making process to assess the targeting issue. DYFS was concerned that targeting was not solely directed at children at imminent risk of placement. It conducted a series of case record reviews, caseworker interviews, caseworker focus groups, and a survey in four district offices. The project sought to examine why workers refer, how the referral process functioned, and what factors influenced the selection of families for referral.

Findings. The study included findings about the referral process, reasons for selecting families, and the perception of FPS. In regard to the referral process, workers appeared to understand the process including forms, screener's role, and procedures. Some workers admitted to making referrals only when they knew that a slot in FPS was available. Most workers considered the acceptance process random, since it required referring a case that met the criteria for referral at the time a slot was available.

The consideration of a family for referral appears to be related to availability of resources for families, especially adolescents. Many workers expressed frustration regarding the availability of community resources. FPS was often used as crisis intervention, in response to a parent's request to remove a troubled teen from the home. During that time, some workers recast the definition of imminent risk because of the availability of voluntary placements. Children, especially adolescents, while not at risk of harm, could be at imminent risk of placement by parent request. Parental cooperation and desire for placement of their children were considered to be an important factor in making a referral to FPS.

The project defined eight policy issues and implications:

1. The required timing of a family in crisis and at imminent risk when a FPS slot is available is unrealistic. The project recommended increasing the number of slots in each county to a saturation level.
2. FPS is not being used as placement prevention as intended. The existence of voluntary placements allows families at low risk of harm into placement. The recommendations include more policy education. They particularly recommend establishing routine referrals of children who are headed for placement.
3. FPS is being used as an adolescent crisis intervention and treatment program. The recommendation is that DYFS should develop more services in the community for adolescents.
4. There must be more emphasis on follow-up services for clients after FPS. The recommendation is for service delivery standards and broader funding for continuum of care services.
5. Some families spiral into crisis after a previous period of FPS services. DYFS procedures allow those families to be referred for an additional period of FPS service, called a "booster." Workers do not adequately use FPS booster services.
6. DYFS families referred to FPS are not being tracked routinely by SIS, the state child welfare tracking system. It was recommended that training is required to ensure workers record the FPS activity into SIS. In addition, it was recommended that FPS agencies get linked up to the DYFS computers to enhance tracking of families. This will allow DYFS to track referrals and service data, but will not provide access to the SIS for FPS agencies.
7. The DYFS System is a reactive one. The recommendation calls for DYFS to develop intensive services for families prior to imminent risk.
8. Local FPS issues are not being resolved at the local level. The recommendation calls for a better use of conflict resolution.

While some of these recommendations (#1 and #2) were reflected by the legislative implementation of FPS in 1993, the need for expanded services mentioned in #3 and #7 is still under consideration and embodied in new strategies outlined by DYFS administrators as new directions for the FPS program. Some of the problems identified as issues in this early project are still obstacles today.

4.1.1 Evaluation of Family Preservation and Reunification Services

Executive staff in New Jersey expressed early interest in participation in this evaluation to obtain a thorough assessment of their family preservation services. FPS services in New Jersey had been operational for almost ten years. They were recently expanded to all counties. The emphasis, while originally focused on adolescents with family problems, was undergoing a shift to maltreatment cases involving young children.

In addition to such things as maturity of the program and the use of the Homebuilders model, New Jersey also met the study's criterion that there was not saturation of FPS services. To avoid the ethical concern of denying services to families, sites were considered where service demand exceeded the number of slots available. Ten counties were identified as possible sites. were Warren, Ocean, Bergen, Cape May, Monmouth, Salem, Cumberland, Essex, Hudson and Middlesex. DYFS administrators decided on the final sites to be included. They wanted a balance of northern and southern counties as well as urban and suburban ones. In addition, the DYFS random assignment study had been conducted in four counties. DYFS wanted to limit the research burden on these counties. DYFS selected seven counties that agreed to participate: Bergen, Burlington, Camden, Essex, Monmouth, Ocean and Passaic Counties. As seen in Figure 4-1, this resulted in a cluster of three counties in the Northern part of the state and four in central New Jersey. A target of 500 cases was set for New Jersey to allow for adequate subsample analysis.

Figure 4-1
New Jersey Counties Participating as Evaluation Sites

Sussex
Passaic
Warren
Bergen
Morris
Essex
Hudson
Union
Hunterdon
Somerset
Middlesex
Mercer
Monmouth
Ocean
Burlington
Gloucester
Camden
Salem
Atlantic
Cumberland
Cape May

DYFS requested a 60-40 split of cases in experimental and control groups. Having a better than 50 percent chance of obtaining family preservation services was thought to encourage caseworkers to make referrals.

The procedures for targeting and screening were determined with Central Office DYFS staff, then individualized with counties to fit their service delivery procedures. DYFS administrators, while interested in participating in the evaluation, had concern about the random assignment. They wanted to work out all ethical and procedural concerns before allowing the evaluators to talk with county staff. As a result, state FPS administrators did not include county DYFS staff or FPS administrators in discussions with evaluators until workplan, procedures, and protocols were completed. This delayed and possibly lost some of the "buy-in" by the local administrators and workers.

The screening protocol, developed for the evaluation and discussed in Chapter 2, was offered to counties to assist with targeting cases for family preservation. It was asked that the tool be completed for all cases considered for FPS, as well as children being referred for placement into foster care.(38) For counties that had a formal pre-placement conference, the screening protocol would be completed during that meeting. For other cases, a referring worker would complete a screening tool with her or his supervisor prior to submitting a referral to the screener. All counties, except Passaic County, agreed to use the screening protocols for cases referred to FPS and randomly assigned to the evaluation. For placement cases, DYFS staff

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from all counties felt they could not commit to using the protocol, because it would be considered a paperwork burden to staff.

We received screening protocols on 56 percent of the 442 net study cases. (39) In addition, workers completed protocols on 15 cases that were not referred for random assignment. Our intent had been for workers to use the screening tool for all cases considered for family preservation services. However, this did not occur. Of the screening protocols for cases that were randomly assigned, 60 percent (147) were experimental and 40 percent (99) were control. Table 4-6 presents a breakdown of item responses for each of the screening questions.

Table 4-6
Item Response for Screening Protocol

Screening Protocol Question	Cases Randomly Assigned (%) (N=245)	Cases Not Randomly Assigned (%) (N=15)
1. Number of previous substantiated abuse and neglect reports:		
None	29	15
One	43	54
Two	24	23
Unknown	4	8
Total %	*100%*	*100%*
2. Substantiated report of abuse and neglect within the last six months:		
No	59	59
Yes	32	33
Unknown	8	8
Total %	*100%*	*100%*
3. Has a child been previously removed and placed in substitute care because of maltreatment?		
No	65	50
Yes	27	42
Unknown	9	8
Total %	*100%*	*100%*
4. Has a perpetrator currently living in the family made threats of physical harm to the family in the last two weeks?		
No	71	69
Yes	18	23
Unknown	11	8
Total %	*100%*	*100%*
5. Perpetrator in family ever convicted of a crime against a person:		
No	68	92
Yes	4	--
Unknown	26	8
Total	*100%*	*100%*
6. Perpetrator in family abuses drugs:		
No	60	69
Yes	19	8
Unknown	21	23
Total	*100%*	*100%*
7. At least one of the victims 3 years old or less:		

No	76	77
Yes	23	23
Unknown	1	--
Total %	*100%*	*100%*
8. Single-female-headed household:		
No	49	47
Yes	45	53
Unknown	6	--
Total %	*100%*	*100%*
9. Any income from employment:		
No	59	47
Yes	33	53
Unknown	8	--
Total%	*100%*	*100%*
10. Total Score		
0	8	7
1	12	13
2	20	13
3	22	27
4	24	20
5	9	13
6	3	--
7	1	7
8	1	--
Total %	*100%*	*100%*
Average	2.9	3.1

The screening protocol asked nine questions to establish a risk score. The worker and his or her supervisor were to complete the form at the time the case was reviewed for referral to FPS. The purpose of the form was to have workers reassess certain conditions of the case to make sure it was appropriate for family preservation services. The form was not intended to replace worker judgement, but to give them an opportunity to review their decisions about the appropriateness of the case for FPS.

Guidelines provided to the workers said that cases receiving a score greater than 2 and less than 5 fell within reasonable risk, and should be referred. Cases with a score of less than 2 might not be considered at risk and cases with a score greater than 5 might have too high risk. Although workers could refer cases outside the 2-5 range, they were asked to provide the reason they believed the case should receive family preservation services. Examples of reasons that were offered for scores below 2 are acting-out teenagers and teenagers with suicidal tendencies. The majority of cases received a score between 2 and 5 (75 percent). Only 5 percent of the cases had a score greater than 5 and 20 percent had a score less than 2. In New Jersey, caseworkers indicated they did not believe the risk scale sufficiently addressed the problems of teenagers, and therefore there were cases that did not score as high as they should have.

The workers completing the screening protocols depicted the majority of the children having previous abuse and neglect allegations (67 percent), but less than one-third of them within the last six months. Workers reported that 23 percent of cases had a child age three or less. The reader is reminded that these findings are based on screening protocol data completed by workers at the time of referral to family preservation. Overall scores on experimental and control cases were similar and are not presented here.

The second column of the table provides a breakdown of the responses to the screening protocol for the cases not submitted for random assignment. As there are so few of these cases, comparisons with randomly assigned cases are problematic. The average score for the two groups is similar, 3.1 for the non-study cases, and 2.9 for the study cases.

4.3.4 Initiation of Project

Preparation and training for the experiment were conducted in the summer and early fall of 1996. Training sessions were held with both DYFS screeners and FPS program coordinators. During one-day training sessions, study procedures were reviewed including use of study forms, the screening protocol, random assignment procedures, and the role of the study site coordinator. There is some variation in the number of screeners, depending on the number of field offices in each county (Table 4-7).

Table 4-7
Number of DYFS Screeners and Local Offices by County

County	Number of DYFS Screeners	Number of DYFS Local Offices
Bergen	1	1
Burlington	1	1
Camden	1	2
Essex	5a	5
Monmouth	1b	2
Ocean	1	1
Passaic	2	2

a. The five screeners alternated as screeners for Essex County on particular days each week. There was also a supervisor assigned to the unit.
b. The Monmouth screener was stationed in the southern district office. The northern district office had a worker assigned as "gatekeeper" to screen cases and relay each referral to the screener.

In addition, meetings were conducted with self-selected groups of caseworkers and supervisors in each county prior to the start of random assignment. Study staff traveled to each county and met with public agency caseworkers, supervisors, and agency administrators as well as FPS workers and the administrator at each contracted private agency. Workers were very resistant to random assignment and concerned that it would deny service to families, cause extra tasks, and delays in referrals for their caseloads.

Two site coordinators were hired and assigned to assist DYFS and FPS staff with the collection of information needed to complete random assignment and the conducting of interviews. One site coordinator worked with the three northern counties (Essex, Bergen and Passaic) and the other worked with the four southern and central counties (Monmouth, Ocean, Camden and Burlington). Random assignment was initiated in late November 1996.

4.3.5 The Random Assignment Process

Only DYFS referrals to family preservation in the selected sites were considered for random assignment. Excluded from the study were cases referred by non-DYFS sources, cases served in family preservation prior to the study that were returning for a second "booster" service, and reunification cases.

DYFS uses a broad definition of reunification as a referral criterion. The policy does not put time limits on how long a child was in placement. Caseworker, supervisor, and screener jointly decide whether a child is considered being reunified from a placement or whether the case is considered a placement prevention case, that is, the goal was preventing the child from entering a long-term placement. For the study we used a guideline of seven days. If a child had been in placement more than 7 days, we excluded him or her from the study. Although this process was monitored closely, nine such cases entered the study, but were removed from the analyses because children were in care for longer than seven days at the time of random assignment.

DYFS workers could also re-refer a case for FPS anytime after the completion of the program. This "booster" or "booster shot" still must meet the criteria of "imminent risk" and has a maximum service of four weeks. There is no maximum waiting time between the first period of intervention and the booster; however, after a year, a booster would be counted as a full case with a new case number. Cases being referred for booster service where the original FPS service was conducted prior to the study were excluded from random assignment.

4.3.6 Concerns of DYFS and FPS Staff

Initial and subsequent meetings were held with supervisory and casework staff at both the county DYFS offices and the family preservation programs. Many concerns about the study and its impact on operations and service to families were discussed. The unanimous concern in every DYFS office was the requirement for additional paperwork. Supervisors were concerned that requiring caseworkers to perform additional paperwork would be a barrier to participation. Study personnel agreed to modify procedures to minimize the burden on workers and to assure staff that paperwork would not be duplicative. Some counties agreed to consider using study forms as substitutes for existing forms.

Another common concern to both DYFS and FPS staff in all counties was the possibility of denial of service to families. The study design is based on the assumption that each participating county had a higher demand for service than the existing slots permitted. When asked by a DYFS administrator if they could fill an additional slot with families, every county screener said, "yes." The issue was most pressing in counties where a waiting list was kept. In Bergen, for example, workers spoke of promising families FPS when a slot was available. It was felt that the promise of future availability of service to a family with a troubled adolescent was an important incentive to a parent not to insist on placement of the child. DYFS staff acknowledged that a waiting list was not consistent with the imminent risk criterion of the FPS service.

Staff in many of the counties stated other concerns. DYFS workers, DYFS screeners, and FPS staff were concerned that the random assignment process would disrupt the relationship between DYFS and FPS staff. This was voiced for both counties with good and bad working relations. For counties with good working relationships, it was believed that the random assignment mechanism would interrupt the good communication between DYFS and FPS in regard to vacancies, case characteristics, and relaying of information. For counties where communication was already poor between DYFS and FPS personnel, it was felt that the study mechanisms would cause things to get worse.

In addition, DYFS supervisors were concerned that the random assignment process would interfere with the Title IV-A eligibility process. DYFS claimed a portion of FPS spending toward Emergency Assistance funding (EAF), under Title IV-A of the Social Security Act. Workers were required to have the family sign a IV-A eligibility form prior to referral to FPS. By getting the signature, workers begin the engagement process of getting a family ready to agree to participate in an intensive family service. Since workers could not know the results of random assignment until they returned to the office to make the referral, the workers felt they could be less forthright with families regarding the availability of the service. This appeared to be more an issue in counties such as Bergen and Monmouth, where the screeners prioritized cases for referral and did not seem to fully adhere to a first-come first service rule for cases.(40)

- Several ongoing concerns were discussed during the meetings and continued to surface in discussions with staff during the course of the evaluation. These issues include:
- DYFS supervisors were concerned about whether the confidentiality of sensitive information about families would be maintained by the interviewers.
- The proposed screening tool was criticized for being too focused on child abuse and neglect issues. Many of the workers still considered the FPS service most appropriate for family problem cases, especially with adolescent issues. The screening tool was used in six of the experimental counties. The protocol was used during pre-placement conferences for only one county on a limited basis.

n DYFS workers and screeners were concerned that the referral process would cause delays and a reduction in referrals.

4.3.7 Violations and Exceptions

As part of our negotiations with DYFS, it was agreed that a limited number of eligible cases could be excluded from the study. DYFS administrators felt it was important that they not deny services to families that district office staff felt were at an unacceptably high level of risk. It was agreed that eight cases prior to random assignment and six cases post- random assignment could be identified as exceptions in the study. The number of exceptions was calculated to minimize the impact of the exclusions on the outcome analysis. The post-random assignment exclusions (called violations in this report) would be used for cases that were assigned into the control group and became higher risk after a few weeks due to the return of an abusive spouse or other critical changes in the case. Interviews with caretakers and caseworkers were conducted on cases excluded from the study after random assignment and they are included in the analysis.

A district office manager or screener made requests for exclusion to Central office staff. Only the Coordinator of the Technical Support Unit (TSU) or the Administrator of the Office of Case Planning, Screening and Emergency Response (OCPSER) could approve exceptions. The TSU took responsibility for developing criteria that could be used statewide for approving the exclusions. Many more violations (24) and exceptions (33) occurred than originally planned.

4.3.8 Inappropriate Referrals

Shortly after random assignment began in November 1996, study staff observed that some county screeners misinterpreted criteria for the evaluation and made inappropriate referrals. This was a particular problem for counties with multiple screeners (Essex and Passaic), as well as during periods when screeners were on vacation and substitute screeners were used. Sometimes, screeners would make a referral and subsequently additional information became available indicating the case was an inappropriate referral. Often these cases were identified by evaluation staff upon review of the DYFS referral materials or in conversation with screeners. These could occur either in the treatment or control group.

Many of the inappropriate referrals were reunification cases, not eligible for the study. Since our criteria excluded cases after placement of seven days, often screeners were not informed by caseworkers that the children were already out of home for an extended period prior to the referral. DYFS issued a memorandum to DYFS screeners clarifying that reunification cases where the children at risk were in care less than seven days should be included in the study. This appeared to help reduce inappropriate referrals in some counties. There was some concern that reunification as a reason for an inappropriate referral was being used to game the system by removing a case from the study that went "control." However, overall, 28 cases were identified as inappropriate referrals, 15 in the control group, and 13 in the experimental group.

[Go To Contents]

4.4 Child Welfare Issues in New Jersey

To provide further understanding of the context in which the study was conducted, the following gives a brief overview of issues in child welfare in New Jersey. Child welfare services in New Jersey are administered centrally by the Division of Youth and Family Services (DYFS), a branch of the Department of Human Services (DHS).

Organization of Child Welfare Services in New Jersey. The state is divided into four service regions: Northern: Sussex, Warren, Morris, Passaic, Bergen and Hudson Counties, Metro: Essex, Union and Middlesex Counties; Central: Hunterdon, Somerset, Mercer, Monmouth and Ocean Counties; and Southern Atlantic: Burlington, Camden, Gloucester, Salem, Cumberland, and Cape May. Counties have one or more district offices.

Reports of child abuse can be made to either the local DYFS district offices or to a centralized Office of Child Abuse Control (OCAC), which handles all calls during evenings, weekends, and holidays. OCAC transfers all calls during regular business hours to the appropriate district offices. OCAC refers calls requiring an immediate response to an on-call special response unit (SPRU) worker when the district offices are closed. Non-emergency cases are forwarded to the district offices for response. Emergency placement cases investigated by OCAC are transferred to the District office for followup. District offices have both intake and ongoing units. Some counties (e.g., Bergen) have converted to generic units, in which caseworkers perform both intake and ongoing case intervention.

The FPS Technical Support Unit (TSU) through a contract with DYFS, coordinates family preservation policy and programs on a state-wide level. The contract is supervised by the DYFS Office of Case Practice, Screening and Emergency Response, recently renamed the Program Support and Permanency Office. Because they were not DYFS staff, TSU staff reported that their authority was limited with most DYFS staff and district officials. The contractor during the entire study period was the Family Service Association of New Jersey. The TSU staff are responsible for the monitoring of all FPS providers.

Three Tiered Screening of Child Abuse/neglect Reporting. DYFS utilizes a three tiered response system for inquiries for service through its hotline or individual district offices. An initial screening is conducted upon receipt of the call. Screening can result in one of three recommendations or tracks:

- **Child Protective Services (CPS)** - Investigation to determine if a child is abused or neglected;
- **Family Problems** - A request for service resulting in a child welfare service assessment to determine if DYFS can provide or refer for services;
- **Information and referral (I&R)** - Information or referral to another resource with no direct involvement by DYFS.

In the screening process, cases with less risk will be referred to the two latter tracks: family problems or I&R. Family problems can include both child-related problems and family problems. Child-related problems include child substance abuse, medical and psychiatric issues, and pregnant or teen parent issues. Family problems include domestic violence, homelessness, lack of supervision, parenting issues, and parental substance abuse.

Family preservation referrals come from both CPS and family problem cases. A substantiated maltreatment report is not required to meet the criteria for referral.

Number of Child Welfare Reports and Indicated Cases. In New Jersey, the count of official reports of abuse and neglect to the state is very broadly defined and uses a two-tiered definition. It includes both abuse and neglect, as well as requests for family services. The latter is defined in the state data as "family problems." According to 1995 NCCAN Report, New Jersey had a rate of 32.43 children reported per 1000 children in the population. (41) This was based on a duplicated count of 63,684 child-based reports in 1995, including 28,924 reports of child abuse and neglect and 34,760 reports relating to family problems. Thirty-two percent or 9,279 child-based reports of abuse or neglect were indicated, compared to a national average of 34 percent. Of reports substantiated, 608 or 7 percent of children named in reports were removed from the home during or as a result of the investigation. This is in comparison to a national average of 15 percent for 1994.

New Case Handling Standards. In 1996, DYFS revised its case handling standards to ensure that the risk of harm to children was given emphasis by workers during an investigation. A two-day training was provided to all case managers and supervisors. One key component of the new standards is the priority that is given to evidence about parental substance abuse. Up to this point in time, a report identifying a drug-exposed newborn was identified as a family problem case. The new state policy now requires that a report of a drug-exposed newborn to also be classified as a neglect allegation. (42) The change reflects the state's heightened concern about the effects of substance abuse.

DYFS attributes an increase in reports being classified as abuse and neglect to the change in standards. In January 1996, 44 percent of cases were classified as abuse or neglect, compared to the total that includes cases classified as family problems. In December 1996, 58 percent of new reports and referrals were classified as child abuse or neglect. (43)

Table 4-8 compares total reports and referrals and counts of family problems and abuse or neglect reports and referrals from 1995-1996. There is an increase in total reports and referrals statewide. In particular, this increase occurred in six of our seven participant counties. However, for Bergen County, the total number of reports and referrals decreased from the previous year, from 3,564 to 3,323.

Table 4-8
Total Referrals by County by Reason for Referral

	Family Problems		**Child Abuse/Neglect**		**Total**	
	1995	1996	1995	1996	1995	1996
Bergen	2,323	2,052	1,241	1,271	3,564	3,323
Burlington	1,234	1,234	1,348	1,634	2,582	2,868
Camden	2,550	2,294	3,996	4,418	6,516	6,712
Essex Total	5,528	4,356	3,796	5,994	9,324	10,350
-Newark City	3,636	2,680	2,332	3,911	5,968	6,591
-Other Essex localities	1,892	1,676	1,464	2,083	3,356	3,759
Monmouth	3,033	2,496	2,030	2,607	5,063	5,103
Ocean	868	671	1,829	2,318	2,697	2,989
Passaic	2,550	2,506	2,151	2,623	4,701	5,129
TOTAL	34,760	30,638	28,924	37,179	63,684	67,817

Boarder Babies. Concern about infants in the care and custody of the state remaining in hospitals beyond medical necessity has been a significant policy and political issue for many states, including New Jersey. In 1996, DYFS responded to the issue with the development of a Boarder Baby Project Team and recommendations for several initiatives that were implemented the same year. The initiatives included a statewide program for the recruitment and training of foster parents, in order to maintain a standby pool of foster homes for boarder babies. In addition, a pilot program was initiated for the recruitment of foster parents interested in adoption, but willing to care temporarily for children. This program would allow concurrent planning for children, encouraging reunification, while preparing an alternative placement, in case the child stayed in care beyond a year.

A federal class-action suit was filed against DYFS and DHS by the Association to Benefit Children on behalf of foster children who remain in hospitals beyond medical necessity. A Final Order of Settlement was entered in December 1996 with several requirements. With the receipt of a Federal Abandoned Infants Assistance Grant, several program elements were added or modified. Since Essex County accounted for 80 percent of the boarder baby population, a Boarder Baby Unit was established in the Metropolitan Regional Office. Case managers, on call, provided expedited care management with a goal to ensure permanency within 30-60 days of initial placement. The family preservation provider in Essex County, The Bridge, also received additional family preservation slots to provide support to birth parents upon discharge from the hospital.

[Go To Contents]

4.5 Current Status in New Jersey

4.5.1 Feedback From Counties Post-Random Assignment

Interviews were conducted with DYFS district office staff and FPS staff in three participating counties in the spring of 1998. The perceptions of staff regarding random assignment for the evaluation, changes in referrals to FPS during and after the evaluation, effects of the study, and the outcome of FPS were discussed.

DYFS and FPS staff believed that referrals to FPS increased after random assignment ended. Camden reported that new referrals increased from four cases per month in the fall of 1997 to seven cases per month in the spring of 1998 after random assignment ended. In fact, they began keeping a waiting list. Similarly, DYFS staff from Ocean claimed they had used a waiting list prior to the study and following the completion of random assignment they returned to using a waiting list and a triage procedure instead of first-come, first-serve.

Most DYFS and FPS staff attributed a drop in referrals to the evaluation. Camden staff indicated that individual workers became frustrated if one of their referrals became a control case. In Camden, some units, as a whole, did not refer cases at all. Several FPS providers spoke of low contractual utilization during the year. In addition, both FPS and DYFS staff described some changes in the types of referrals. According to staff, reunification cases increased during the study. Many felt this was a response to the study once workers learned that reunification cases were excluded from random assignment. For example, one worker asked a screener to consider a case of reunification because the birth father had left the home and a goal of services was to reunite him with his spouse and children. In Camden, staff spoke of a new Juvenile Court Judge who was ordering an FPS referral for reunification cases. Although staff voiced much concern about the number of cases served, there was little fluctuation in the number served in FY 1996 through FY 1998 (Table 4-9).

Table 4-9
Number of Families Served by FPS, FY 1996 - FY 1998 by County

County	FY 1996	FY 1997*	FY 1998
Bergen	53	59	58
Burlington	48	54	47
Camden	57	69	51
Essex	82	73	84
Monmouth	54	56	53
Ocean	52	44	53
Passaic	52	50	51

*FY 1997 totals include booster cases, counted as 0.5 case.

Despite the state's emphasis on serving more young children in FPS cases, targeting of teen children was still frequent in every county. Two reasons were cited. First, placement resources are often limited or expensive for this group. Therefore, FPS is considered while a resource is located. Second, ongoing cases with teenagers often exhaust all community resources and FPS is considered as a last resort to help the family.

One FPS director described a change in referral type due to the lower utilization of services during the study period. The DYFS screener could refer cases of lower risk when vacancies remained open. The screener felt that the study caused a delay in the referral process and some workers were concerned about referring high-risk cases. (Random assignments were made at the time of the initial phone call by the screener.) Camden FPS staff also reported that they relaxed their turnback policy, keeping low risk cases to avoid extensive vacancies in their caseload.

4.5.2 FY 1998 Case Characteristics of Participating Counties

Aggregate data describing the service in FPS programs are available from state reports. County-specific annual monitoring is presented for FY 1998. The random assignment period in New Jersey, November 1996-February, 1998 overlapped partially with this aggregate data. The data are based on information self-reported by each FPS program as part of their contract obligations and oversight. It provides a snapshot of the caseload of families served during the fiscal year closest to the end of the random assignment period. It includes only those DYFS families served by the program and excludes families "turnbacked" from service. The following table (Table 4-10), lists the number of families served by each county, the total number of children in each family and the number of children identified by the referring DYFS worker as at risk. All programs operated at similar service levels, except for Essex, which served 84 families.

Table 4-10
Number of Families, Children Served, and Children at Risk in Family Preservation by County
FY 1998

County	No. Families	No. Children	No. Children at Risk	Percentage of Children at Risk
Bergen	58	118	81	69
Burlington	47	75	75	100
Camden	51	124	91	73
Essex	84	228	130	57
Monmouth	53	172	104	61
Ocean	53	130	104	80
Passaic	51	118	67	57

The ages of children at risk in the seven selected counties are presented in the following Table 4-11. Over 40 percent of the children at risk in five of the programs were 13-17 years in age. In Passaic County, 75 percent were in that age range. The state's policy of serving younger children at risk of child abuse and neglect was not being followed during this time period. In Essex County, there is a FPS program for boarder babies that are not included in these data or in our study. Many of the infants at risk in that county would have been referred to its "Boarder Baby" program possibly affecting the number of young children reported in Essex's service.

Table 4-11
Age Category Of Children at Risk by NJ County

County	No. Children at Risk	Ages 0-5 (%)	Ages 6-9 (%)	Ages 10-12 (%)	Ages 13-17 (%)
Bergen	81	23	16	20	41
Burlington	75	12	17	21	47
Camden	91	21	19	20	40
Essex	130	18	24	14	45
Monmouth	104	28	20	19	33
Ocean	104	31	25	22	22
Passaic	67	6	4	15	75

During FY 1998, the emphasis on referring cases with abuse/neglect or risk of abuse/neglect was not apparent in the seven participating counties. According to the Annual Monitoring data as shown in Table 4-12 below, the majority of cases in most counties were referred for reasons related to the behavior or activity of a child. The only exception was Ocean County that reported 51 percent of cases had abuse/neglect or risk of abuse/neglect as reason for referral. Over a third (36%) of Ocean's cases were referred as reunification cases.

Table 4-12
Reason for Referral by County

County	Abuse/Neglect (%)	Risk of Abuse /Neglect[a] (%)	Child-Related[b] (%)	Other[c] (%)
Bergen	18	21	57	4

Burlington	14	7	59	12
Camden	15	12	60	13
Essex	4	5	87	5
Monmouth	21	14	54	12
Ocean	25	26	13	36
Passaic	6	4	81	9

a. Risk of abuse and neglect includes cases referred for unknown injury cause.
b. Child-related reasons include runaway, behavior out of control, parent/child relationship, juvenile delinquency, and child is suicidal.
c. "Other" is primarily reunification in Ocean County.

Substance abuse continues to be a key problem in the FPS service of these counties. The data in Table 4-13, reported by the FPS programs, identifies the number of families served in which substance abuse was identified. It was identified as a problem at any point during the intervention and was not necessarily known at the time of referral to FPS. This is an important distinction since New Jersey now specifies that substance abuse by caregiver is grounds for reporting of child neglect. In addition, counties (DYFS and FPS programs) have local discretion on determining whether a family with substance abuse problems would benefit from FPS service. In Bergen County, almost half of the families served had substance abuse problems during FY 1998. In Essex, Monmouth, and Passaic approximately a third (39%, 36%, 32%) of the families were identified with substance abuse problems. In Burlington, Camden, and Passaic Counties, child substance abuse problems were more prevalent than parent/guardian substance abuse problems.

Table 4-13
Families With Substance Abuse Problems by County

	Families with Substance Abuse Problems	Parent/ Guardian Only[a]	Child Only	Parent/ Guardian and Child	Other Member of Household Only
	%	%	%	%	%
Bergen	46	33	9	2	2
Burlington	24	9	13	2	0
Camden	14	6	8	0	0
Essex	39	25	10	2	2
Monmouth	36	28	2	4	2
Ocean	27	21	2	2	2
Passaic	32	8	14	6	4

a. Households where parent /guardian and another member of the household were identified with substance abuse problems are included in this category

4.5.3 Current Policy Context

Several statewide changes have occurred since random assignment began in November 1996. These were the new FPS computer system, changes in administration, the Governor's Blue Ribbon Panel on Child Protection Services, statewide DYFS strategy planning, the federal adoption initiative, and welfare reform.

New Computer System Connecting DYFS and FPS Programs. Problems in communication between public and private agencies can limit effectiveness of child welfare services. One of the major initiatives mentioned by state FPS administrators is the linkage of the 13 FPS agencies (serving 21 counties) with each other and the DYFS District and Regional offices. The prototype was scheduled to be in place in June 1997. The system will allow electronic exchange of referral and case information and more intensive program monitoring.

The FPS administrator reports that the system, now called the Electronic Case File System, was actually implemented in 1998 with most components activated. Staff at FPS programs were trained in spring 1998, and all programs began using electronic versions of forms at that time. There has been a delay in the communication component between the FPS and

DYFS offices, while Internet security issues are resolved.

Change in Administration. Several leadership changes occurred during the implementation of the experiment. Several months after random assignment began, the Director of DYFS left office. In June 1997, the Director of the Technical Support Unit, changed. In September 1997, the Administrator of the DYFS Office of Case Practice, Screening and Emergency Response (OCPSER), changed positions.

The full impact of the change in leadership on the experiment is not discernible, however two effects can be identified. First, the approval of exceptions and violations were case-by-case determinations made by the TSU Director or the Administrator of OCPSER. Their threshold for approving an exception or violation was based on case specifics, but also reflected interpretation of county-specific practice and policy, as well as state policy and politics. One would expect that different individuals have different thresholds for what is extremely high risk. At a briefing with several counties, one screener requested that the exception criteria be clarified, claiming it had changed as a result of the personnel changes.

Secondly, a new agreement with the study was made in regard to the length of the random assignment period. It was hoped that the original target of 500 cases would be reached in a one-year period of random assignment. The target was not reached in that time and shortly after the transition, a meeting was requested by DYFS administrators and FPS contractors to discuss the conclusion of the random assignment period. The new administrators requested that random assignment end by February 28, 1998, instead of continuing random assignment until a specified sample size was reached. A net sample size of 442 cases was achieved by the designated end date.

Governor's Blue Ribbon Panel on Child Protection. State administrators emphasized the importance of the Governor in defining the direction and priority for DYFS. In January 1997, Governor Whitman created the Governor's Blue Ribbon Panel on Children Services (BRP) to review the status of the child welfare system in general and the performance of DYFS, in particular. A final report was issued in February 1998, highlighting strengths and weaknesses of the child welfare system and recommendations for every component of DYFS and other components of the broader statewide system of services for families and children. The report was very critical of DYFS, stating that resources had fallen behind need, that staff morale was low, and that the system was in a state of crisis.

The values included in the Panel Report include emphasis on child protection. As stated in a discussion of "Child Protection vs. Family Preservation":

Child protection is of paramount value. When there is a conflict between the safety of a child and a family's right to privacy and autonomy, the child's safety overrides all other considerations. Any ambiguity regarding the safety of a child will be resolved in favor of eliminating the source of harm or separating the child from it. This may include the removal of a child from his/her family. While it asserts that child safety is the paramount value, the Panel affirms the need to support families. (44)

Additional observations made by the panel are relevant to FPS targeting and effectiveness. The Panel found that standards for placement were inconsistent across districts. It observed that availability of resources to serve families were often used in deciding whether to place a child. In particular it was concerned that the availability of foster homes in sufficient numbers were influencing workers' decisions to place or use family services. This observation was noted also in our briefing sessions with workers in the seven experimental sites.

The Panel was critical of the state's continuum of family support and preservation services. It observed that the state uses most of its in-home dollars in the state-run FPS Program. It found the FPS model lacking in flexibility stating:

Unfortunately, the program contains explicit limitations, offering very intensive services over a very short time period of four to eight weeks. This program has never received sufficient resources to meet the demand for services. But even more critically, it is too limited in terms of the minimum and maximum amount of time a worker can devote to a family. Most families have multiple long-term problems that cannot be addressed within one or two months. In addition, some families are unable to use such an intense approach and find it too intrusive. (45)

The Panel recommended that the FPS program be evaluated to determine what kind of cases it serves best and that existing slots be targeted to that type of case. In addition, the resources of the program should be expanded to fit the full continuum of preservation needs. This issue remains. The evaluation team heard comments from workers and administrators in several counties reiterating the dilemma that a very specific Homebuilders model for placement prevention as the only DYFS funded resource was being stretched by workers and courts to fill the whole continuum of need.

Statewide DYFS Strategic Planning. In response to the Panel Report and need to plan for compliance with new Federal ASFA legislation, DYFS implemented a strategic planning process with DYFS staff and its community of service providers. A report in response was produced in June 1998. The report was organized according to six strategic goals: reform New Jersey's foster care system; improve safety and expedite permanency for children; improve the quality and accountability of DYFS direct services and administrative operations; enhance the professionalism of the child welfare workforce; improve case assessment and planning for children and families; and strengthen New Jersey's system of prevention services for at-risk children and families.

The plan mentions FPS services specifically only in the section on foster care reform. In that section, the plan recommends the expansion of FPS to include more reunification services as an approach to reduce the length of stay and to increase the number of children who reach successful permanency. In prevention services the plan does call for the coordination of all prevention services, to identify gaps and develop recommendations to improve the continuum of services.

DYFS is considering more specific changes to the FPS program statewide. According to the administrator for family preservation services, many changes are expected, stemming from a philosophical shift from preventing placement to a broader emphasis on family functioning and child and family stability. While placement prevention and attention to cases involving imminent risk will still have priority, county workers will be able to refer cases at a lower standard of substantial risk. Assessment cases and reunification cases will be eligible, as well as adoptive families and family foster homes where there is a risk of replacement for a child to another foster home.

A contractual change in service units is also being considered.(46) Presently, an FPS program is expected to serve a contracted number of families with duration of intervention from four to eight weeks (an average of 4 &frac12; weeks per family). The standard for duration will be made more flexible to allow programs to serve families requiring shorter or longer periods. This will allow the flexibility to serve families in the broader eligibility categories described above.

Counties and local FPS programs will be given discretion to expand eligibility and standards for case practice. This will result in some movement away from the Homebuilders model that has guided the New Jersey program model since 1987. Planning for these changes and a new service manual continues to be in development.

Federal Adoption Project. In October 1996, New Jersey began an Adoption Opportunities Grant to implement concurrent planning with the expressed goal of expediting permanency outcomes for children in three counties: Union, Middlesex, and Essex Counties. As part of the state's permanency reform, the initiative developed a new program model known as fost-adopt. Fost-Adopt parents provide foster care, but also offer an adoption commitment if this becomes the child's long-term goal. In return, agencies provide intensive reunification services with the birth family, timely decision-making for the child and adoption planning for those children who remain in care for more than a year.

Welfare Reform. "WorkFirst New Jersey" is New Jersey's response to the federal welfare reform bill and the implementation of TANF (Temporary Assistance to Needy Families). New Jersey passed the WorkFirst New Jersey Act effective March 1997. It is not yet certain how TANF will affect the child welfare system and the population it serves. There are several areas that might affect families. Persons seeking assistance are expected to engage in employment or work activity. It is not clear how this will affect families with children in regard to day care and the supervision of children. Secondly, there is a cumulative 60-month lifetime limit for the receipt of TANF for an individual. Next, of concern because of the high incidence of substance abuse among the child welfare population, individuals convicted of a felony involving the distribution, possession, or use of a controlled substance shall not be eligible for TANF. A person convicted of possession or use can be determined to be eligible only if they successfully complete a drug treatment program and remain drug free for a period of sixty days after completion of the program. Non-citizens who entered the country after August 22,1996 will be ineligible for TANF benefits.

One procedural change, which affects the FPS operation specifically, occurred in June 1997. Because TANF funding was converted into a federal block grant, the state no longer had to demonstrate eligibility for IV-A funding for FPS service. Workers previously had to have families sign an eligibility form prior to referral. The change simplified the referral process, requiring one fewer form. The state still required a visit within 72 hours of referral, but a signature was no longer needed to pursue the referral.(47) This eliminated a service barrier which DYFS workers had described during our interviews in participating counties. The full impact of WorkFirst on families must be monitored closely.

[Go To Contents]

4.6 Summary

New Jersey has offered family preservation services since 1987, using the Homebuilders Model. Since its inception, referrals have been targeted at adolescents. Since 1995, the state has tried to redirect targeting to families with young children at risk of placement. There has been little success to date in this retargeting. While DYFS used a statewide training model and procedures, there was much variation in access to FPS in the seven participating counties. Differences were observed in screening practices, use of waiting lists, targeting, the use and definition of FPS for reunification, and the availability of other intensive services in each county. All counties continue to serve predominately adolescent at-risk populations.

In New Jersey random assignment for the evaluation was conducted from November 1996 through February 1998 in seven selected counties. A net sample of 442 cases were assigned. Interviews with caretakers and caseworkers were conducted. Administrative data were also collected. The analyses of these interviews and administrative data are presented in Volume Two.

Endnotes

30. DYFS discontinued the contract for HomeBuilders training in March 1998. The new model is called New Jersey FPS.

31. In FY 2000, the contract changed to 14 families.

32. DYFS Referral Handout for Casework Staff, 1996.

33. *NJ FPS Standards Manual*, Chapter 3, page 2

34. *NJ FPS Standards Manual*, Chapter 6, page 13

35. Family Preservation Services, Annual Program Report for Fiscal Year 1997 (Draft), April 1999, Pg. 47, DYFS Office of Policy, Planning and Support.

36. Excerpted from Background paper, DHS budget 1995-96 , New Jersey State Auditor.

37. FPS Manual, Section 900 pg. 44.

Where to?

Top of Page | Contents

Main Page of Report | Contents of Report

Home Pages:
Human Services Policy
Assistant Secretary for Planning and Evaluation (ASPE)
U.S. Department of Health and Human Services (HHS)

Evaluation of Family Preservation and Reunification Programs: Final Report: Volume 1: **Tennessee**

5. Tennessee

[Main Page of Report | Contents of Report]

Contents

- 5.1 Introduction
- 5.2 Characteristics of Tennessee's Children and Families
- 5.3 History of Family Preservation in Tennessee
  - 5.3.1 Background
  - 5.3.2 Initial Planning, Program Development, and Training
  - 5.3.3 Program Expansion
  - 5.3.4 Significant Events Affecting HomeTies
  - 5.3.5 Description of Tennessee Family Preservation Model
  - 5.3.6 Family Preservation Services in Shelby County
- 5.4 Implementing the Evaluation
  - 5.4.1 Study Procedures
  - 5.4.2 Other Evaluations

Endnotes

5.1 Introduction

In Tennessee the Family Preservation Program (HomeTies) is a resource within the state's Department of Children's Services (DCS).(48) The 95 Tennessee counties are grouped into 12 regions for purposes of service delivery. During the study period, there was a family preservation coordinator who was responsible for overseeing the administration of the family preservation programs, including setting standards, contracting with private providers throughout the state, and providing training and technical assistance. Direct services were delivered by private providers under contract to the state.(49)

Shelby County (Memphis) participated in the evaluation. Study enrollment began in November 1996 and concluded in May 1998. Frayser Family Counseling provides the HomeTies program in Shelby County.

The sources of material for this chapter are reports and documents produced by the state and interviews with personnel at the DCS and HomeTies program.(50) This information is presented to help understand the context in which services were provided, and to identify any changes that occurred during the implementation of the evaluation. The observations only reflect the perceptions of the individuals we interviewed.

This chapter begins with an overview of the characteristics of Tennessee's children and families. Details of the Tennessee family preservation program, service delivery in Shelby County, implementation of the evaluation, and other organizational initiatives are then provided.

[Go To Contents]

5.2 Characteristics of Tennessee's Children and Families

This section provides demographic statistics on Tennessee's children and families. Child welfare statistics are presented for Shelby County, which was the focus of the family preservation study in Tennessee.

There are approximately 1,300,000 children under age 18 in Tennessee, with the majority being white (76 percent), and two-thirds under twelve years old (Table 5-1).

Table 5-1

Age and Race Distribution of Children in Tennessee

Total number of children under age 18 in 1997	1,324,800
Age	%
0-5 years old	32
6-11 years old	32
12-14 years old	18
15-17 years old	18
Race/Ethnicity 1997	
White	76
African American	21
Hispanic	2
Other	1

Indicators of child health, education, and social and economic welfare in Tennessee as compared to the nation are presented in Table 5-2. Data have been abstracted from Kids Count Data Book, published by the Annie E. Casey Foundation. With respect to most indicators, Tennessee's families and children are similar to the national averages. The Casey Foundation developed a family risk index based on the following indicators: 1) number of children who are not living with two parents; 2) households in which the head of household did not have a high school degree; 3) family income below poverty level; 4) parents did not have steady employment; 5) the family was receiving welfare; and 6) no health insurance for the children. Using the Casey risk calculation, the percentage of children in Tennessee considered at risk is the same as in the nation as a whole, 14 percent.

Table 5-2

Indicators of Children and Family Health, Education, Social And Economic Welfare In Tennessee as Compared to Nation

	Tennessee	**Nation**
Health		
Percent low birth weight babies (1996)	8.8%	7.4%
Infant mortality rate (deaths per 1,000 live births, 1996)	8.5	7.3
Percent of 2 year olds immunized (1997)	78%	78%
Percent of children without health insurance (1996)	13%	14%
Percent of children covered by Medicaid or other public-sector health insurance (1996)	35%	25%
Child death rate (deaths per 100,000 ages 1-14 in 1996)	30	26
Teen violent death rates (deaths per 100,000 ages 15-19 in 1996)	81	62
Teen birth rate (Births per 1,000 15-17 females in 1996)	40	34
Education		
Percent of teens who are high school dropouts (1998)	13%	10%
Percent of 4th grade students scoring below basic reading level (1998)	42%	39%
Percent of 8th grade students scoring below basic math reading level (1998)	29%	28%
Welfare, Social, and Economics:		
Median income of families with children (1996)	$33,500	$39,700
Percent of children in poverty (1996)	22%	20%
Percent of children in extreme poverty (1996)*	11%	9%
Percent of children living with parents who do not have full time employment (1996)	29%	30%
Percent of families with children headed by a single parent (1996)	29%	27%

* Extreme poverty is defined as income below 50 percent of poverty level.

Source: *Kids Count Data Book*, Published by Annie E. Casey Foundation, 1999.

Child Welfare Statistics for Shelby County. To provide background for the evaluation findings, an overview of the number of child abuse and neglect investigations and percent of indicated reports for fiscal years 1995-1998 is presented in Table 5-3. The number of children for whom there were abuse and neglect investigations shows a slight decrease in FY's 1997 and 1998. However, agency staff reported that lower abuse and neglect investigations may be due to administrative undercount rather than a decline in the number of children investigated. During those two years, administrative systems were being updated and the staff shortages in Shelby County resulted in data entry being a low priority. The percentage of cases substantiated remained fairly constant over the study years: FY 1995, 36 percent; FY 1996, 35 percent; FY 1997, 41 percent; and FY 1998, 38 percent.

For all 4 years, children under one year of age had a slightly higher rate of substantiation than older children. Other than FY 1996, males and females had similar rates of substantiation. Substantiation rates fluctuated by types of maltreatment within each year with failure to thrive, abandonment, educational neglect, physical abuse, substantial risk of physical injury, and substance-affected infants being substantiated at higher rates.

Children in substitute care also remained fairly constant throughout the study period. In FY 1995, the year prior to random assignment, 1,772 children were served. The number of children in care on the last day of each fiscal year rose slightly over the study years: 1,880 children in FY 1996; 1,963 children in FY 1997; and 1,943 children in FY 1998.

[Go To Contents]

5.3 History of Family Preservation in Tennessee

5.3.1 Background

The family preservation program in Tennessee, HomeTies, began in October of 1989. State funding ($1.71 million in FY 1990) for the program was provided through a joint legislative resolution signed by the Governor directing the Departments of Human Services, Mental Health, and Youth Corrections to proceed with an inter-departmental family preservation program. Eight teams, serving 24 counties, including Shelby County, were funded in 1989 (FY 1990) as pilot projects. The program initially served families with children diagnosed as seriously emotionally disturbed and adolescents charged with delinquent acts or status offenses who were at imminent risk of placement in substitute (i.e., out-of-home) care. Referrals were made by staff in the three state agencies who could place or cause the placement of children. HomeTies was, and is, based on the Homebuilders model of family preservation services - serving multi-problem families for 4-6 weeks using behavioral and cognitive therapeutic interventions.

Table 5-3
Number of Children with Child Abuse and Neglect Investigations and Percent Indicated by Type of Maltreatment, Age, and Gender in Shelby County

	1995		1996		1997		1998	
	Number Investigated	Percentage Indicated	Number Investigated	Percentage Indicated	Number Investigated	Percentage Indicated	Number Investigated	Percentag Indicate
Total	6,606	36%	6,642	35%	5,029	41%	4,578	38%
Types of Maltreatment								
Minor physical abuse	1,415	26	1,438	26	1,101	30	1,057	30
Severe physical abuse	95	41	120	53	88	67	67	70
Failure to thrive	27	74	27	85	26	80	21	76
Malnutrition	4	50	6	50	4	50	3	33
Physical neglect	2,252	33	2,281	32	1,683	40	1,494	35
Medical neglect	306	37	254	40	197	38	180	36
Lack of supervision	630	48	541	42	409	47	480	46

Abandonment	185	66	203	62	144	65	118	69
Sexual abuse/exploitation	954	40	1,063	35	956	41	755	37
Moral abuse	12	58	9	22	4	50	5	60
Emotional abuse	95	38	94	40	65	38	30	33
Emotional neglect	56	63	34	44	19	94	11	45
Educational neglect	12	83	26	69	20	75	9	88
Other	451	20	360	23	181	25	178	17
Substantial risk of physical injury	43	72	93	65	68	78	115	64
Substance affected infant	48	96	78	90	61	97	45	89
Age:								
<1 year	609	46	558	47	434	55	394	54
1-2 years	951	35	905	33	639	38	596	38
3-5 years	1,385	36	1,425	31	1,056	38	888	37
6-11 years	2,078	35	2,058	34	1,612	41	1,606	37
12 years and older	1,577	33	1,657	36	1,283	40	1,090	35
Gender								
Male	3,132	35	3,099	35	2,318	41	2,141	38
Female	3,471	36	3,542	25	2,711	40	2,436	38
Unknown	3	--	1	--	--	--	1	--

and concrete services in order to prevent placement. Services are delivered through contracts with private and public agencies, most often community mental health agencies. This structure changed in 1998 when the state moved to a managed care model of purchasing and delivering services in one-half of the state.

The FPS and family reunification programs offered by HomeTies constitute one of the state's four programs designed to preserve families. Wraparound services (i.e., individualized services purchased to prevent placement, reunify families, or support community/family based placements) are also available statewide.(51) Community intervention and intensive aftercare programs are also available in selected counties for families with youth in the correctional system.

5.3.2 Initial Planning, Program Development, and Training

The impetus for HomeTies began at a conference in Nashville of southern state service providers and legislators in October 1987. Various models of intensive family preservation services were presented. Members of the Tennessee Select Committee on Children and Youth and others in Tennessee attended this conference and became strong advocates of FPS. There were initial differences of opinion about which FPS model or models should be chosen and, ultimately, the Homebuilders model was recommended to legislators in Tennessee. Family preservation advocates from the Behavioral Sciences Institute (BSI, the developers of the Homebuilders model of family preservation services in Washington State), the National Conference of State Legislators, the Center for the Study of Social Policy, and the Edna McConnell Clark Foundation made presentations to the state's Select Committee on Children and Youth about the value of and need for FPS in Tennessee. Legislators responded quite positively, and there was little controversy about starting the program. Significantly, there was a new Democratic governor in Tennessee at the time, and FPS fit well with his emphasis on shaking up the status quo and developing creative government programs that could make a difference.

The development and implementation of HomeTies involved collaboration among multiple state agencies, initially including the Departments of Human Services (DHS), Mental Health, Youth Development,(52) and Finance and Administration. Representatives from these agencies met in 1988 to examine financing options, interdepartmental service coordination, and existing FPS models. This committee completed a policy-procedures manual, developed forms, and, with researchers from the University of Tennessee, designed the evaluation of HomeTies. The request for proposals was generated from this work, and required that agencies replicate the Homebuilders model.

The $1.71 million in initial funding for HomeTies in FY 1990 came from redirected foster care funds, block grants, and state dollars (Table 5-4). No additional dollars were added to the state budget to fund FPS. The table below shows the source and types of funds used to provide initial program funding.

Table 5-4
Source and Type of Funds Used to Provide Initial Program Funding

Department	FY 1990 Funding	Source
Human service	$850,000	Redirected foster care funds
Mental health	$647,500	Block grant funds and state dollars
Youth development	$212,500	State dollars

Start-up training included: (a) inter-departmental training for all referring staff on FPS policies and procedures; (b) a Homebuilders orientation by BSI for all referring staff; and (c) training by BSI on the Homebuilders model for all HomeTies workers in the contract agencies.

5.3.3 rogram Expansion

The HomeTies program was expanded several times between 1990 and 1994.

- In 1990, the program was expanded by three additional teams as a result of additional Title IV-E allocations. The Edna McConnell Clark Foundation also awarded the state $104,000 for coordination, training, and research, resulting in the hiring of a State Coordinator for HomeTies.
- The program expanded much more dramatically in 1991. The 1991 Tennessee Family Preservation Act mandated that the program serve all eligible families in the state. Seventeen new teams were funded. Expansion began in the fall of 1991 and was completed in May 1992.
- In 1992, child abuse and neglect cases were made eligible for the program. This policy change was preceded by extensive discussion and distribution of policies and guidelines for serving this new population
- In 1993, program regulations added juvenile court judges and their staff to the list of professionals from whom the program could receive referrals.
- In 1994, HomeTies added another worker to each team and began accepting family reunification cases
- Between FY 1990 and FY 1994, there was a 650 percent increase in the number of families served by placement prevention services, from 400 cases in FY 1990 to 2,976 in FY 1994. In FY 1995, there was a slight (4%) decrease in the total number of families served.
- Despite the slight decline in total families served in FY 1995, family reunification cases increased statewide by 18 percent from FY 1994 to FY 1995. (See the table below for the number of families served, percent change in the number of families served, and the number of FPS teams since the inception of the program through FY 1995.)

In its five-year plan for family preservation and family support services, Tennessee chose to put all new federal funds into family support rather than family preservation services. In FY 1995, the state planned to expand Healthy Start--an early intervention program for parents with newborns at risk of child maltreatment. In FY 1996, the state planned to add 31 Family Resource Centers -- networks of state and community based services designed to help families solve problems before crises occur.

HomeTies contracts for service providers were originally based on a $2,000 per unit cost. In FY 1993, the state began reimbursing the agencies for cases served rather than a preset number of cases. This may, in part, explain the decreasing time frame of interventions and the increased numbers of families being served (Table 5-5). Due to rising costs ($2,028 per family in FY92 and $2,624 in FY 1993), the state capped the contracts in FY 1995, resulting in lowered total expenditures ($7.8 million in FY 1996). HomeTies is a Medicaid reimbursable service and rates are set by the state's TennCare system. As of November, 1997, the Tennessee Director of Budget reported that 58 percent of HomeTies cases were eligible for full Medicaid reimbursement for services.

Table 5-5
Number of Families Served in Fiscal Year 1990-1995 b

	FY	FY	FY	FY	FY	FY

	1990	1991	1992	1993	1994	1995
TENNESSEE HomeTies Program						
Placement prevention, families served	400	788	1,282	2781	2,976	2,777
Reunification, families served	--	--	--	--	332	391
Total number families served, prevention and reunification	400	788	1,282	2,781	3,308	3,168
HomeTies funding (in millions of dollars)[a]	--	1.8	2.6	7.3	8.8	8.2

[a] Funding for FY 1996 was $7.8 million, and was budgeted at $8.5 million for FY 1997.

[b] There were no caseload data available for FY 1996, 1997,19 98, or 1999.

5.3.4 Significant Events Affecting HomeTies

In 1991, the Department of Finance and Administration established the Children's Plan by creating a single funding pool to finance children's services. Looking for an independent agency that did not have a vested interest in maintaining the status quo, the Department of Health was selected to administer the Plan. Assessment, Care, and Coordination Teams (ACCT) were formed to provide comprehensive assessments of children entering care in order to make better initial placement decisions for children and youth. The ACCT would also monitor the child's progress through the placement system, manage the expenditures of flex funds, and function as a single portal of entry for children needing state services (pre-custodial, custodial, post-custodial). ACCT was housed in Community Health Agencies (CHAs) which were originally created in statute to advocate for community based medical care for the poor across the state. The CHAs were administered by the Department of Health and were located in 12 regional offices. The ACCT was suppose to review all referrals to HomeTies and to provide an assessment of whether children were at imminent risk of placement. The degree to which this actually occurred varied widely across the state and, in the fall of 1993, ACCT was dropped as the gatekeeper of HomeTies referrals. One example of the difficulty in implementing this referral strategy was that some juvenile court judges refused to send referrals through ACCT. In FY 1995, ACCT staff continued to make referrals to HomeTies, accounting for slightly less than one-third of referrals.

In April, 1996, the Tennessee General Assembly passed legislation to remove child welfare services from the Department of Human Services and create the Tennessee Department of Children's Services. The new Department consolidates family and children services from several Departments and includes: child welfare, child development, day care licensing, pregnancy and parenting services, youth corrections, and the children's fiscal division. While the Department of Human Services continues to administer the Social Services Block Grant and Title IV-A funds, the Department of Children's Services (DCS) administers all Title IV-E and Title IV-B funds.

DCS has recently been operating under tight fiscal constraints. During site visits in 1997, DCS was altering the structure of service delivery in an effort to increase service provision without increasing personnel expenditures, strengthen followup services, and decrease duplication and problems associated with case transfers. The conversion process affected workers both in- and outside of DCS. The Assessment Care and Coordination Teams were dissolved and ACCT staff no longer reviewed any referrals to FPS. The community health agencies called Community Service Agencies (CSAs) became contract agencies that provided services directly to families (one person described this as quasi-privatization). CSA child welfare staff began to carry their own cases and be part of teams (along with high risk CPS staff, outreach, crisis intervention, youth development, and foster care staff). The Community Service Agencies were the fiscal monitors of flexible funds to prevent or reduce time spent in state custody.

The conversion process affected investigative staff. The emphasis changed from service provision to investigations, which required strict adherence to the policy of completing investigation in 60 days or referring cases to ongoing service units. Staff were required to close or transfer cases within 60 days of case opening. Also if investigator caseloads were greater than 30 families at a time, they had to justify the number in writing. The conversion process had a strong negative effect on the morale of DCS workers due to a high level of uncertainty about how their job status would be affected.

Since 1997, Tennessee has been moving toward a managed care model of service delivery for noncustodial cases. Fifty percent of the state is currently using the new managed care system, but Shelby County, among others, is not expected to be converted until July 2000. (53)

The Department of Children's Services (DCS) reported that most non-custodial service contracts had been based on a fee-for-service basis without regard to level of service or quality of performance. Little evaluation had taken place and services were not distributed evenly across the state. As a consequence, the state asked all 12 Community Service Agencies to conduct needs assessments for their regions defining service priorities and gaps in their current service continuum. The assessments were completed in late January 1998. The assessments focussed on three levels of service: prevention (community education and early prevention), intervention (treatment), and diversion (just prior to commitment services).

As a continued move towards managed care, the Department of Children's Services then issued a Request For Proposals for each region based on the local needs assessments. As part of the proposals, networks of agencies bid a case rate for families. Once in place, the network will decide the amount and kind of services families require and the length of service delivery to prevent placement.(54) The state plans to have 12 networks across the state each with a lead agency, which will subcontract, with other agencies for services or with a coalition of service providers. The 12 networks will replace approximately 70 existing contracts for service. The networks are to be outcome focussed and will be financed by Social Service Block Grant (SSBG), some of the state's Family Preservation /Family Support funds, and all state HomeTies dollars.(55)

The state planned to have the networks in place by July 1, 1998. However, the state only approved proposals from six regions and rejected the remainder largely due to service cost estimates, particularly the capitated rate amount for families receiving in-home services, with a specific annual cap of $1,550 per family. Following withdrawal of the RFP from the six regions not funded, Shelby's CSA submitted a plan which proposed a five-year pilot program using "an integrated fee-for-service and risk- adjusted model" for children at risk of state custody

In essence, the plan is to have the CSA convene community members, including service providers, the courts and DCS, who will develop both a risk adjustment scale to classify children into moderate, high, and imminent risk of placement categories and a service delivery model to address each level of service need. Both the University of Tennessee and the University of Memphis will be part of this group to help review data and design the service model. Case rates will be established looking at historic expenditures of flexible funds, SSBG, and IV-E dollars. Once the model and fee structure are established, the group will prepare a program evaluation, funded by local resources and conducted by the two local universities. Finally, an RFP will be written, and after approval from the state, will be released into the community. Network provided services are expected to begin on July 1, 2000. The state's move toward managed care will also eliminate the state's Homebuilders family preservation program. While the new service networks will be required to offer some form of intensive family preservation, they will not be required to offer a Homebuilders model and the state will no longer provide uniform training and oversight.

At this time, there is no consensus about the role of Shelby County DCS in case oversight once the network is involved with the family. In other parts of the state, DCS acts only as a gatekeeper (accepting calls, conducting investigations, and making referrals) and the CSA monitors families' progress. It has also not been determined whether the Frayser HomeTies program will continue under the network; if it does not, a less intensive service model will be used.

5.3.5 Description of Tennessee Family Preservation Model

HomeTies follows the Homebuilders model and utilizes a behavioral cognitive approach to work with multi-problem families. Workers try to engage the entire family and teach skills that will increase their ability to function more effectively. Workers carry two families for four to six weeks, and are available 24 hours a day, seven days a week. Through a wide range of services and the ability to access $250 per family in flexible funding, workers address crises, monitor family stability, assist families, create linkages, and obtain services in the community.

State guidelines rule out referring the following case types for HomeTies Services:

- Physical Abuse
  The physical abuse is considered life threatening, necessitating the child(ren) be immediately placed to ensure safety (for example, the parent threatens homicide of the child).
- Sexual Abuse
  The perpetrator of the sexual abuse resides in the same home as the victim.
- Substance Abuse
  The adults in the home are found incoherent all of the time due to substance abuse and all of their resources are used to support their addiction.
  Family members, including parents, fear being murdered by the drug community and move constantly to avoid harm.
  A parent wants the child(ren) to be placed and refuses to consider services that might enable the child(ren) to remain in the home.
- Neglect
  Neglect cases are not ruled out unless the family refuses services

CPS intake workers complete a risk assessment form to identify high, intermediate, low, or no risk. High risk cases are identified as cases where "the child or children in the home are at imminent risk of serious harm if there is no intervention in the situation."

A typical high risk case might involve such factors as: 1) a vulnerable child; 2) a history of previous maltreatment; 3) an active perpetrator who has continued access to the child, and; 4) no available support or family strengths to offset the stated risks.

5.3.6 Family Preservation Services in Shelby County

Since Tennessee does not operate a central state hotline, all CAN calls for Shelby County come directly to two screeners within the county. The screeners determine risk levels and using a manual intake system, assign calls to the appropriate investigative unit.

During the study period, there were ten Child Protective Services units in Shelby County with approximately 65 staff. In addition to the Intake Unit, there were four Emergency Response Units (investigation within 48 hours), two Non-Emergency Units (investigation within seven days), and a single High Risk/CPS Ongoing Unit. There was also a High Risk, Multi-Victim/Multi-Perpetrator Unit, and a Court Unit that was primarily responsible for conducting home studies and visits for relative care and custody change cases.

Some investigative caseloads were as high as 150 cases/families per worker, causing great strain on and concern among staff at all levels. Caseloads within the Ongoing Unit averaged about 20. In May 1997, the service delivery plan for the new Department of Children's Services was implemented in Shelby County. Child Protective Services was divided into six work units, with a supervisor (team leader) and eight case managers, plus case manager positions responsible for CPS intake. The new service model called for CPS case managers to only do the investigative piece, referring any families who needed services beyond the investigation to child and family teams. Existing CPS policy requiring that investigations be completed in a 60-day time frame was strictly enforced. In Shelby County, the CSA provides all follow-up services and case management for these CPS cases. CPS case managers continue to refer to HomeTies because of the crisis nature of the service and its use to prevent placement.

In FY 1995, Shelby County served 12 percent of the state's accepted HomeTies cases (an increase from 8.3% in FY90), making it the second largest HomeTies program in Tennessee. The Shelby County HomeTies program grew from 317 in FY 1993 to 391 in FY 1995, a 23.3 percent increase. This overall increase was due primarily to the inclusion of reunification cases (14 in FY 1994 and 58 in FY 1995). During the study years, the number of families served slightly decreased (Table 5-6.).

Table 5-6
Families Served by HomeTies in Shelby County From FY 1993-98

	FY 1993	FY 1994	FY 1995	FY 1996	FY 1997	FY 1998
Placement prevention, number of families served	317	351	333	336	292	331
Reunification, number of families served	--	14	58	38	27	16
Total number families served, prevention and reunification	317	365	391	374	319	347

Shelby County DCS Workers' Views and Use of HomeTies. Investigative and ongoing staff reported referring equal numbers of cases to HomeTies and cited several reasons that they use the program. Investigative workers reported that HomeTies was used as their *first* resort for families at imminent risk of removal because program staff could be in the home monitoring and assessing families around the clock. Ongoing workers reported that they used HomeTies as a *last* resort, after they had tried less intensive services because of the intensity of the intervention and the availability of concrete resources (flexible funding, transportation). Both investigative and ongoing workers said that HomeTies staff could be relied upon to provide thorough and frequent feedback about families, both during the course of treatment and at the end of treatment. Feedback was particularly useful because it included information on both family strengths and weaknesses.

Unlike many child welfare jurisdictions, Shelby County has a variety of in-home and office-based therapeutic programs to which workers can refer (these are described in Exhibit A, provided at the end of the chapter). However, supervisors and workers noted that, prior to the study, HomeTies generally had a waiting list and was a preferred option for many workers for a number of reasons.(56) HomeTies could be relied upon to monitor and assess new cases in crisis and provide intensive support to ongoing cases that were perceived to be on the brink of placement. To a large extent, public agency workers had previously been able to make referrals directly to a specific HomeTies worker and they could contact this individual directly to set up and coordinate the intervention. Also, there was no paperwork or external review of referrals associated with referral to HomeTies. Some people stressed how important it was that HomeTies had been accessible to emergency staff around the clock and would engage the family within 24 hours of the referral - day, night, or weekend, which helped to stabilize families. This was especially important to investigative staff who have historically referred the cases, when they perceived families to be in crisis. Some workers thought that some of these advantages were reduced or eliminated by the initiation of the study (see discussion of the impact of the study on referrals below).

In general, most administrators and workers viewed HomeTies as successful in working with a wide range of families. DCS workers said that the best candidates for HomeTies were families who needed assistance with communication skills or anger management. Public agency supervisors said that HomeTies staff are often perceived by clients as allies whereas DCS staff are perceived as the enemy. The supervisors also said that HomeTies has been particularly successful with acting-out teenagers, and with families where parents do not want to work with DCS. HomeTies is willing to try a number of workers to create a "good fit" with a family.

DCS staff also had some negative comments and concerns about the program.(57) These included:

- uneven staff - some staff are too "gullible" - they believe "stories" families tell;
- some workers are intimidated by families or refuse to go to some homes (this appeared to be particularly frustrating to public agency staff because they do not have the option to refuse a home visit);
- some staff are reluctant to work with drug using families (DCS staff believe this is because of personal risk issues of HomeTies staff and not a clinical decision);
- HomeTies recommends removal more frequently than agency staff.

HomeTies has very few "turnbacks," DCS staff estimate 2-3 percent of all referrals are turned back to the agency, almost all within the first seven days. The majority of turnbacks are the result of a family's unwillingness to cooperate with the program. The other two reasons cited for turnbacks are: a) a family has too many problems (generally a violent adolescent) and the worker is at risk; or b) the children are not at imminent risk of state custody.

Once HomeTies has completed its four to six weeks of intervention, the worker reports to DCS staff about the continuing level of risk in the family and makes recommendations about the family's continuing service needs. DCS staff report that they almost always accept the program's recommendations about the family. According to Emergency Response workers interviewed (those that investigate within 48 hours), 90 percent of their cases are closed directly after HomeTies intervention. The remaining 10 percent are transferred to ongoing services for continued supervision. Ongoing/high risk workers estimated that 60 percent of their cases are closed directly after HomeTies intervention; the remaining 40 percent remain open

Frayser Family Counseling's (FFC) HomeTies Program. In Shelby County, HomeTies is offered by Frayser Family Counseling, a private, non-profit community mental health center. The center has 95 employees including psychologists, psychiatrists, nurses, and other mental health personnel. The center provides voluntary outpatient services to individuals of ages. Among its many services are individual and group therapy, in-home family preservation and support services, alcohol and drug therapy, victim assistance, and child and adolescent evaluations.

In May 1997, HomeTies had three supervisors and fifteen counselors,(58) with 5-6 workers per supervisor. In 1997 and 1998, HomeTies was funded for 21 counselor positions and three supervisors. Community mental health started losing dollars because of TennCare, and quickly learned that if they worked outside the model and saw more of the same numbers of families with fewer staff, they increased their revenue. The program director serves as one of the supervisors. Another HomeTies supervisor is responsible for the Life Coach program. Nine of the HomeTies workers also take Life Coach cases (see discussion below).

Two of the workers had over fifteen years of experience in the field, five workers had 5-10 years of experience in the field, and the other eight workers had 2-5 years experience. All staff are required to have two years of experience when they are hired. Twelve of the workers were female and twelve were African American. Sixty percent of the workers have master's degrees (the state requires at least 50%), six of which are in counseling, two have MSWs, and one has a masters degree in criminal justice. One of the staff previously worked at DCS.

Workers are supposed to serve 1.5 cases per month (21 case workers x 18 cases per year), for a total of 378 cases per year. The program director estimates that 60 percent of the cases are referred to HomeTies by DCS, 30 percent by Community

Service Agencies, and 10 percent by the juvenile court, with less than 1 percent from mental health centers.

HomeTies cases can be extended for up to two weeks, but this occurs in less than 5 percent of cases. One possible reason for the rarity of extensions is the availability of other services in the agency (i.e., Life Coach, see below). The agency also provides a six-month check-in with families when the child is still in the home.

HomeTies and Life Coach. Because Life Coach serves some control-group cases, it is important to describe the relationship of HomeTies to Life Coach. In addition to sharing staff, HomeTies and Life Coach (LC) are intermingled in several other ways. First, workers reported that approximately 35 percent of HomeTies cases go to Life Coach for follow-up services, usually with the same worker providing the services. These services ($60 per day, about 70 percent of the HomeTies rate) are usually provided for 30 days, but can last as long as needed. Second, control group cases were being referred to LC. The Life Coach supervisor said that there is no difference between LC and HomeTies. The program director basically agreed, but said that LC workers spent slightly less time with families (4-7 hours per week).

One difference between HomeTies and Life Coach is that referrals to LC must be reviewed by the prevention team (at the time, DCS and ACCT). Also, LC cases did not have access to flexible funds (i.e., $250 in cash). HomeTies workers often work overtime on LC cases. If a worker has two HomeTies cases, he or she can only have one LC case.

Other information about referrals. Many of the referrals involve parent-child conflicts in which the parent wants the worker to fix the child. According to therapists, approximately 65-70 percent of families have substance abuse problems and 95 percent include one person (usually the mother or the child) who takes psychotropic medication. Other prominent problems of children and families include school behavior and attendance, child behavior at home (e.g., not doing chores, not following rules), housing problems, parents' relationships, domestic violence (relatively few cases, some with past incidents), failure-to-thrive infants, and drug-exposed infants. Referrals of drug-exposed infants were more frequent earlier, and staff were unclear why these cases were not being referred.

Workers and supervisors were generally satisfied with the types of referrals they receive, though workers stressed that DCS should screen parents who are mentally ill for appropriateness. Turnbacks of referrals to DCS occur if there are seven days without contact with a child because of parents refusing services, parents wanting the child placed, the child running away, or failure to comply with safety plans.

When asked which cases were most appropriate or inappropriate, supervisors contested the idea of a typology of cases based on problems (such as drug abuse or mental illness) or even problem severity. They stressed instead that the issue of motivation was more important in determining the difficulty of a case, and they stressed techniques for building motivation (see below). This is consistent with some of the issues that have been raised previously in discussions of the difficulty of targeting families for referral to FPS--that one cannot know before referral the extent of family problems or the family's responses to intervention except within the context of the helping relationship.

Cases are assigned to specific workers based on openings, except for a small number of cases, for example, a sex abuse case might require a female therapist.

Training and supervision. All staff, called therapists, are trained by BSI in the Homebuilders model. While this basic training was viewed positively by supervisors, it was not considered sufficient preparation for actual work in the field, especially for younger, non-masters level staff. Newer therapists receive individual supervision for 3-6 months, and they shadow other therapists for at least one full case, present cases at weekly staffings, and are shadowed by another therapist when they take on cases.

Supervisors provide general professional support to workers and personalized coaching on clinical skills. In addition, they described supervision as a process of helping workers learn to: a) focus their efforts with families by picking workable issues (i.e., ones that could be addressed in four weeks) and reducing DCS goals to core issues and goals; b) communicate to the family and DCS that the therapist is working with the family's agenda (knowing also that the family's goals can change as they become more aware of opportunities); and c) continually assess the family strengths, needs, and goals, and the situation, and to be flexible in their approaches to helping families based on assessments.

Practice approach. Supervisors and therapists identified important purposes and strategies of working with families (in addition to those mentioned above related to supervision), and some of the benefits of in-home services. The descriptions here are intended to be illustrative of how staff approach practice at FFC, not a comprehensive description of practice.

Staff noted the importance of identifying family strengths by looking at the situation and family members' motivation. Staff emphasized the importance of building motivation in the family to change and of building a sense of empowerment. These appeared to be interrelated goals that are particularly important for families who are referred to HomeTies --who wouldn't ordinarily seek help. These goals are accomplished through a variety of means, including:

- spending time with families in their world and at times that are convenient for them;
- assuring families that HomeTies staff are not from DCS and the families can ask them to leave;
- listening to family members' perspectives in a non-blaming, respectful manner--this is often the first time families have experienced this;
- determine what the family's goals are and examine how they can relate to the goals of the public agency;
- showing them that they have power to change some things by identifying small steps that can be made to improve the situation--showing parents they can be different by breaking down big problems into small parts;
- focusing on solutions.

Therapists note that the first things that they do is to assess and address safety issues and concrete needs. Safety issues include running away (e.g., you don't tell them what to do, but you talk with them about what they do to stay in the home), suicide assessment (e.g., ask about attempts, weapons, and pills; lock up pills), and physical abuse (agree to a no-hit policy while HomeTies is in the home).

Staff also noted that using flexible funds ($250 per family) generously and creatively (e.g., refrigerator, rent, car, utilities, moving, food, meals out) to meet a family's initial concrete needs is a very helpful strategy in HomeTies. Use of flexible funds must be approved by supervisors, and workers consider or try other means of addressing concrete needs first.

When working with parent/child conflict cases, therapists suggest that parents have generally lost their power, have their own issues with conflict, or inappropriately want the child to be their friend. Therapists often work with parents separately, and try to show parents that they can be powerful and help parents see the good in their children and respect the perspectives of the children. Therapists also noted that behavioral charts with agreed upon goals and reinforcers are very helpful in promoting specific changes in roles and behaviors.

Therapists refer to other social services in 50-60 percent of cases. They try to identify needs as early as possible so that referrals can be made. Sometimes families are able to start other services during HomeTies, other times they are placed on waiting lists. Services used include day care, homemaker services, and parenting groups, as well as other state and federally funded rape crisis services, HIV support groups, vocational rehabilitation for the mentally retarded, mentoring, respite, drug treatment, psychiatric treatment, housing advocacy, counseling, telephone hook-up, and free concrete services provided by churches.

While noting that in-home services are more difficult and stressful than traditional therapy and that they involve a shorter engagement period, the therapists believe that in-home services are better, "one month of in-home is worth 6-12 months of outpatient." Therapists noted the following benefits of HomeTies:

- better assessment i.e., they know much more about families because they see conflict, caring, housekeeping, and parenting in the natural environment;
- parents can see that they have power, that children have positives, and that children will change;
- parents like the program;
- families are empowered, and gain improved communication, relationship, and anger management skills;
- there are more teachable moments with in-home services;
- workers can be real with families.

Relationship with DCS. Supervisors expressed concerns about the low proportion of DCS workers who refer to HomeTies, the high turnover of DCS staff and the poor training and supervision provided to DCS workers (many new DCS workers don't know about HomeTies). They viewed the DCS workers as pleasant, but noted that they frequently need to educate them about HomeTies. Sometimes, though this happens infrequently, DCS staff expect HomeTies staff to act as investigators rather than therapists. There was some concern among supervisors and therapists that DCS workers are hard to reach by phone, but therapists said that communication with DCS occurs during services and is generally good, and that DCS really tries to be available for meetings.

[Go To Contents]

5.4 Implementing the Evaluation

Having a well-established statewide program, Tennessee was one of the original sites considered for study participation. This site was selected as it met all study selection criteria - a well-defined, mature program using a relatively pure version of the Homebuilders model.

Site visits were conducted and state office administrators were very interested in participating in the study, with trepidation about a randomized experiment, the impending reorganization of state services for children, and whether or not the state would be in compliance with the "reasonable efforts" requirement of Title IV-B. Additional meetings were held with state and local personnel to address concerns and to explain the dimensions of the study.

Usual referral procedures in Tennessee included referring workers learning of an opening in family preservation or waiting to refer a case until an opening existed. If a worker learned a program was full, he or she might ask when an opening was expected, leading to cases being held until an opening occurred. To address concerns about random assignment, it was suggested that since not all cases could be served and since it was largely a chance matter whether or not a case received services, random assignment might be just as ethical as the current procedure.

Random assignment was eventually agreed to, but not without major objections. One concern was whether or not the state was in compliance with "reasonable efforts" requirements to provide services necessary to prevent foster care placement. It was believed by agency staff that family preservation was the best way to prevent foster care placement. After conversations with the federal government, it was determined that random assignment did not prohibit efforts to keep children out of foster care and the state would not be out of compliance with "reasonable effort" requirements.

State and local personnel indicated that targeting was a concern, families currently being referred for family preservation were not necessarily those at imminent risk of placement and that there were many eligible families not being referred for services. To address these concerns, training was conducted to help tighten the screening and referral of families to family preservation. The state family preservation coordinator developed training materials to review appropriate cases for referrals to the HomeTies program. Prior to the study beginning a one day training was held with the entire CPS and HomeTies staff in Shelby County. Study procedures were presented at the same training. There were plans to have training "tune-ups" throughout the study but these did not occur.

5.4.1 Study Procedures

Preparation and training for the experiment were conducted in the summer of 1996. Training sessions were held with both DCS screeners and family preservation program coordinators. During the training sessions study procedures were reviewed including use of study forms, the screening protocol, random assignment procedures, and the role of the study site coordinator. A meeting was also held with all HomeTies staff and DCS staff. The purpose of the meeting was to train staff on Shelby procedures and targeting appropriate cases for family preservation. In addition, periodic group meetings were conducted with caseworkers and supervisors to reinforce study procedures and solicit their feedback on the study. Workers were very resistant to random assignment and concerned that it would deny services to families, cause extra tasks, and delay referrals for their caseloads.

A site coordinator was hired locally to assist DCS and HomeTies staff in providing case information needed for random assignment and the conduct of interviews.

Referral to Family Preservation. Prior to implementing study procedures, workers identified families they felt were appropriate to receive family preservation services, got supervisor approval for the referral, and then made the referral directly to the HomeTies program. The HomeTies worker would determine whether or not the referral was appropriate and if there were any openings. The evaluation slightly altered these procedures. The major change was that workers no longer directly referred cases to HomeTies. Instead, if a worker saw the need for in-home services, he or she asked the family to sign a release form to participate in the study. If the worker selected HomeTies, the worker then completed a random assignment form and a DCS screener checked that the primary child was under 13, not a juvenile court case, and not already in foster care. Screeners assessed whether the child was at imminent risk; it was up to the worker's supervisor to assess level of need.

The screener's role was to call HomeTies to see if there was an opening and if there was, contact Westat to randomly assign the case to the experimental or control group.

Cases eligible for the evaluation were limited to those served by child welfare, even though HomeTies also served cases referred from juvenile justice and mental health. Also, referrals were limited to those cases that were in the course of an investigation of abuse or neglect or shortly thereafter, and had at least one child under the age of 13 years old. A 60/40 (60% treatment) random assignment ratio was used at the beginning. This was changed to 70/30 when the evaluation was under way.

Impact of the study on DCS workers. Both CPS workers and supervisors expressed frustration about the impact of the study. Supervisors reported that there was no change in the characteristics of families referred to HomeTies after the study began. The most commonly cited problems resulting from the study included:

- "Emergencies happen around the clock"; front line staff could no longer make referrals directly to HomeTies after 4:30PM weekdays or during the weekends due to the office hours of DCS screeners. (Frayser staff estimate this accounted for 5-10 percent of their referrals.)
- With caseloads higher than usual due to the hiring freeze, workers did not have time "to scramble" to identify other services when the screener told them their cases were in the control group.
- Additional time related to the random assignment process. For families without telephones, workers had to make one trip to investigate and get consent to participate in HomeTies and then a second trip to tell families about the services they were to receive. To compound this, workers were still required to complete all of the paper work associated with a control group case.
- A worker could no longer choose a particular HomeTies worker to help with a case. This was troubling to some CPS workers who had built relationships and felt particularly confident in the abilities of certain workers.
- The "transition" was already requiring workers to review all of their open cases and close as many as possible. Workers and supervisors reported that they already had a lot of paperwork to complete and that the evaluation contact sheets were a very low priority.
- Workers and supervisors also reported getting calls from Westat about cases two months after they had closed the cases. By this time, workers did not remember all of the specifics and did not have time to go back through their records. If a worker left or was transferred, the supervisor had to answer the questions and it was even more difficult for them to know the specifics of a case.

In response to these issues, many workers reported that they were referring their families to other services instead of HomeTies to avoid "the hassle" of possible control group selection. They identified nine such programs. Some workers even asked staff within the Juvenile Court system to make referrals directly to HomeTies to ensure that cases got HomeTies services. Screeners estimated that only 20 percent of front line staff made referrals to HomeTies during the evaluation, whereas in the past, closer to 50 percent made referrals.

In response to the staff's "rebellion" against the study, administrators and CPS supervisors actively encouraged front line staff to use HomeTies. Due to the strain of the uncertainty of random assignment, supervisors reported that front line staff perceived the evaluation to be more cumbersome than it really was. The screeners reported that the local Westat site coordinator/data collector was "very motivating" to staff. Using information from case records, the data collector filled in gaps in the initial referral forms and completed contact forms for workers. Workers also had the option of filling out the contact forms instead of completing the case narrative in the case record.

Reduced referrals and financial issues. At the end of April, 1997, HomeTies was down 56 cases in comparison to budget projections (at approximately $2,500 per case, this is over $125,000), the program's worst financial year to date. Referrals were low before random assignment, and were reduced further after random assignment. The HomeTies program director was working with DCS to increase referrals. There was considerable frustration and hostility among some of the staff regarding random assignment and the reduction in referrals. While acknowledging that random assignment was not the only problem, one supervisor believed that promises had not been kept, stating that Westat had said that referrals would increase and the state had said that they would not allow HomeTies to suffer financially--neither of these things was happening. This person noted that people's livelihoods were in jeopardy and this had a big impact on worker's attitudes and on data collection.

During study interviews with staff, the program director of HomeTies said that low referrals were having negative financial implications on the program. The state was considering reimbursing the Frayser Family Counseling at a higher rate for HomeTies referrals for the rest of the year to make up for the shortfall. (Because of the lower number of staff, it was not clear the extent to which Frayser Family Counseling was actually losing money.) The program director stressed that the agency was *not* accepting different cases just to meet the budget, that is, clinical decisions were not to be affected by the present shortfall.

With regard to the assumption made prior to the decision to use random assignment in Tennessee - that more families needed services than were actually referred, one of the supervisors noted that the number of families in need of HomeTies had little to do with referrals to HomeTies. He noted that relatively few DCS workers actually referred to HomeTies and that there never had been enough referrals--it was very rare that HomeTies was not able to see a family within seven days.

To allay some of staff concerns, the random assignment was changed to 70 percent treatment and 30 percent control.

Other issues related to the research and its effects on practitioners. HomeTies supervisors identified a number of other concerns related to the research:

- Supervisors had to do much more hand holding with staff in supervision because of the stress of fewer referrals/lowered caseloads and the increased paperwork related to the research cases.
- Workers said that Westat forms asked them to be judgmental and blaming toward families.
- The yes-no questions were often impossible to answer, and didn't fit complex situations.
- Westat interviewers were often not available.
- Therapists didn't like doing the contact form for each visit and thought a weekly form could be used.

Therapists noted that clients said that they liked the gift certificate from McDonalds that they get for participating in interviews and that the Westat interviewers were nice. Only one family had an issue with the consent form.

5.4.2 Other Evaluations

Two studies are useful for understanding the development and implementation of the HomeTies Program: a study by the Tennessee Department of Finance and Administration, Division of Budget, of children in state care in Tennessee in 1989; and the evaluation of the HomeTies program by the University of Tennessee Social Work Office of Research and Public Service (SWORPS).

In 1989, during the pilot phase of the HomeTies program, the State of Tennessee conducted the Assessment of Children and Youth Committed to State Care. This report was compiled with the hope of locating inefficiencies in the current placement, tracking, and management process in child welfare. It explored the kinds of children committed to state care and the types of placements and services provided and needed by those children. Teams of professionals reviewed a random sample of 247 children (out of a total of 3,018 children) who were in various types of substitute care through the Department of Human Services as of May 1, 1989. Based on reviewers' judgments, the researchers found that 59 percent of children committed to the state's care were appropriately placed, 31 percent needed less intensive placement (including the option of not being in substitute care), and 10 percent needed more intensive placement. The study also found that too many children were placed in foster care. These and other findings from the study were used extensively in discussions with legislators to support the need to expand the HomeTies program; resulting ultimately in the dramatic increases in the program in the early 1990s.

One important limitation of this study was that only those cases in which children were already in substitute care were examined. This sample of cases skews the findings in the direction of concluding that more children need less intensive placements by: a) not examining non-placement cases, some proportion of which would likely to have been rated as needing more intensive services, including placement; and b) selecting cases only at the high end of the continuum of case severity, setting a ceiling for many of the cases on the possibility of recommending more intensive placements.

The University of Tennessee's statewide evaluation of the HomeTies program "was designed in response to both a legislative mandate and an interest in generating management information for ongoing program planning" (Homer, Cunningham, Bass, Collette, and Evans, 5/15/96). This research provides helpful descriptive information about referral sources, characteristics and problems of the population served, presenting problems in the family, prior placements, length of service termination status, and trends over time in these areas between FY 1993 and FY 1995. Some key information and findings are described below.

Demographic Characteristics of Children. Table 5-7 shows the age, race, and gender of children targeted as being at risk of placement for the state. For children at risk in FY 1995, 27 percent were under 10 years of age while 60 percent were teenagers (aged 13-18). There was no substantial change in the age of children at risk between FY 1993 and FY 1995. A large majority of the children served in the HomeTies program were white (67%), with African American children comprising 31 percent in FY 1995. This represented a slight increase in African American children, from 27 percent in FY 1993. The percentage of males grew from 52 percent in FY 1993 to 55 percent in FY 1995.

The relatively small proportion of cases referred for child maltreatment shows that, although CPS cases became eligible in

1991, the HomeTies program continued to serve a large majority of families with older children and families that were not referred because of child abuse or neglect.

Presenting Problems of Parents and Children. The most common presenting problems of families entering the placement prevention program in FY 1995 were parenting issues (91% of parents), child behavior problems (85% of children at risk), family conflict (78% of parents and of children at risk), and school problems (64% of the children at risk). Running away (29%) and juvenile delinquency (23%) were other frequent problems associated with children. These items are also indicative of the types of problems of families with older children and adolescents.

Home management needs (27% of parents), concrete service needs (21%), child and parental violence (19% and 17%), parental and child alcohol/drug abuse (17% for each), and severe financial hardship (16%) were also common problems of families. Mental illness of parents was listed as a presenting problem in 13 percent of families. The three types of maltreatment--physical abuse, neglect, and sexual abuse--were each listed as presenting problems in less than twelve percent of children at risk and in a separate listing of the problems of parents. There were few changes in presenting problems or demographic characteristics over time, although severe financial hardship declined by 6 percent from FY 1993 to FY 1995--paralleling a 7 percent decline (from 20% to 13%) in families with gross family incomes of less than $5,000 and a 4 percent decline in families with concrete service needs.

Prior Out-of-Home Placements. For children at risk at the time of referral to the placement prevention program, 28 percent had experienced at least one prior out-of-home placement. The mean number of prior placements was 1.6 for this population. Emergency/runaway shelters (43% of all prior placements) and juvenile court (37%) placements were the most common types of prior placements--no other placement types constituted over 10 percent. It is not clear how many children were in placement at the time of referral. Given the types of prior placements experienced by children, it is possible that many children were in short-term placements immediately prior to referral.

Table 5-7
Demographic Characteristics of Children at Risk Presenting Problems of Children and Parents
Demographic Characteristics of Parents and Families at Time of Referral

	Percent of All Families or Children (FY1995 Prevention Cases) N = 2,777 families N= 3,591 children
Age of child [a]	
under 10	27
10-12	14
13-15	39
16-18	21
Race of child	
African American	31
White	67
Other	2
Gender of child	
Female	45
Male	55
Child behavioral difficulties	
Child behavior problems	85
School problems of child	64
Running away--child	29
Juvenile delinquency	23
Maltreatment-child problems	
Physical child abuse	11
Neglect	9

Sexual abuse	9
Maltreatment-parent problems	
Physical child abuse	11
Neglect	12
Sexual abuse	2
Parent problems	
Criminal/police involvement	5
Physical violence	17
Alcohol/drug abuse	17
Mental illness	13
Parenting problems	91
Poverty-related parental needs	
Concrete service needs	21
Home management needs	27
Severe financial hardship	16
Prior out of home placement of children at risk at the time of referral	28
Age of mother figures (percentage of the 93.5% of families in which mother figures were reported as present and data on age were provided)	
19 or younger	1
20-29	12
30-39	52
40-49	25
50-59	7
60-69	3
Marital status (percent of families in which mother or father were present and data were provided) [a]	
mothers who are single	15
fathers who are single	3
mothers separated/divorced	30
fathers separated/divorced	11
mothers who are married	43
fathers who are married	73
mothers widowed	4
fathers widowed	1
mothers cohabitating	7
fathers cohabitating	11
Family composition (percent of families in which mother or father were present and data were provided)	
Birth or adoptive mother only	32
Birth or adoptive parents	16
Birth mother/stepfather or adoptive father	13
Birth mother and other adults	15
Birth father and stepmother or adoptive mother	4
Birth or adoptive father only	4
Other	16

Employment status (percent of non-missing data where mother or father figures were present)[a]	
mother employed full time	44
father employed full time	72
mother employed part time	9
father employed part time	5
mother homemaker	12
father homemaker	<1
mother unemployed	26
father unemployed	11
mother disabled	7
father disabled	11
mother student/working	1
father student/not working	<1
Gross Family Income (percent of non-missing data)	
Less than $5,000	14
$5,000-9,999	23
$10,000-14,999	22
$15,000-19,999	14
$20,000-24,999	9
$25,000-29,999	6
$30,000-34,999	4
$35,000 and over	8

[a] Percentages that should add up to 100 but do not because of rounding errors.
(Note: missing data make up no more than 4.3 percent of the total of children or families for the characteristics listed here).

Demographic Information About Parents and Families. Consistent with the paucity of infants served, only 13 percent of mother figures whose age was known were younger than thirty. Fifteen percent of the mothers being served by HomeTies were single, 30 percent were separated or divorced, and 43 percent were married. Only 3 percent of fathers being served were single, 11 percent were separated or divorced, and 73 percent were married. With regard to family composition, single-parent families headed by birth or adoptive mothers (with no other adults) were the most common type of family--32 percent of all families; followed by birth or adoptive parents (16%), birth mother and other adults (15%), and birth mother with stepfather or adoptive father (13%).

Forty-four percent of mothers served were employed full time, compared with 72 percent of fathers. Twenty-six percent of mothers were unemployed, compared with 11 percent of fathers. Seventy-three percent of families had gross incomes of less than $20,000 in FY 1995, with 37 percent of families earning less than $10,000, and 14 percent earning less than $5,000.

Findings: Out-of-Home Placement. The Homer, et al., report examined placement status of children at termination of HomeTies and six and twelve months later. "Placement data were obtained from the Client Operation and Review System database (CORS) by matching the information about children to HomeTies information". (59) Two limitations of the data should be noted: only first placements were counted and data on the type of placement are available only for placements at termination of services. Data on identifying information (3.0%) or placement (.6%) were missing on 3.6 percent of cases. For children who received placement prevention services in FY 1995:

- 85.0 percent had no out-of-home placements for one year, conversely 15 percent (n = 523) of the children were placed;
- 5.3 percent were placed at termination of services; of these 186 children, most were placed in psychiatric hospitals (28.5% of the 186 children), foster homes (23.1%), or correctional institutions (14.0%);
- In addition to the 5.3 percent of children placed at termination, another 5.2 percent were living with friends or relatives and .9 percent were classified as runaways;

- 8.1 percent were placed between termination and six months after termination; and
- 1.6 percent were placed between six and 12 months after termination.

The figure of 15 percent of children placed within one year in FY 1995 is substantially lower than FY 1994 (20.4% of children placed within a year) and FY 1993 (24.7% of children placed within a year). Thus, there was a 40 percent decrease in the one-year placement rate from FY 1993 to FY 1995. It is not clear whether differences are due to larger numbers of records missing in previous years (704 in FY 1993, and 216 in FY 1994), a trend toward less risky referrals, or improved program targeting and outcomes.

Cost analysis. The University of Tennessee report initially recognized the limitations of studying outcomes without a comparison group. Despite this, a detailed analysis of costs concluded that over $74 million was saved by the HomeTies placement prevention program as a result of preventing various types of placements. Like other optimistic estimates of cost savings, this estimate incorrectly assumes that all children at risk would have been placed in the absence of the program.

Exhibit A
Other Services Available to Referring Workers in Shelby County.

In addition to HomeTies, Shelby County has a large number of both in-home and office-based programs that provide counseling and some that provide concrete services. Most of these services are free to families, and few have waiting lists. They are either DCS funded programs or community based programs funded through other agencies, such as the schools. Some require TennCare (Tennessee Medicaid) eligibility, some require private insurance. The programs that frontline CPS workers are using in place of, or in addition to HomeTies are:

Life Coach, also provided by Frayser Family Counseling, is an in-home, case management program with case staffing comprised of one therapist and one supervisor. Service intensity varies depending on family needs. At minimum, there are three face-to-face visits a week. Therapists provide counseling, teaching, and concrete services including transportation. Services are funded through TennCare, the Community Mental Health Agency, (formerly ACCT), and DCS, and self pay on a fee-for-service basis. (While Life Coach is viewed as one of the most viable options for some control group cases, workers note that making a referral to Life Coach also requires considerable paperwork and involves uncertainty about whether cases will be accepted into the program.)

Homeworks, also provided by Frayser Family Counseling, is an in-home, case management program staffed by one therapist and one supervisor. Less intensive, Homeworks therapists provide counseling and teaching services on average once a week. Services are funded through TennCare, the Community Mental Health Agency (formerly ACCT), DCS, and self pay on a for service basis.

Frayser Family Counseling Outpatient Therapy is weekly individual, couple, or family therapy. Services are funded through TennCare, Social Service Block Grant, and private insurance.

The Exchange Club provides office-based counseling in parenting and anger management. It is funded by DCS or TennCare.

Intercept, like HomeTies, provides intensive, home-based services (24 hour availability, four to six cases a worker, service duration of three to six months, minimum of three visits a week) and is offered by Youth Village. The program requires an eight-page application form. Intercept is "very expensive" and requires ACCT approval and funding but the program also accepts TennCare and some private insurance. For nearly half of the workers we interviewed, Intercept has replaced HomeTies as the intensive model of choice since the study began. This is partly because in the words of both front line staff and supervisors, Intercept has been coming to DCS to "drum up business."

Memphis City School Mental Health offers services for children who have been sexually abused, including child-on-child sexual abuse. While the services are free to families, there is generally a waiting list. Services funded by DCS Social Services Block Grant.

Child Advocacy Center offers counseling to children and their parents. Services are funded by DCS, private funds, federal grants, and the city and county government.

The Center for Children in Crises provides comprehensive evaluation (social, medical, psychological, and psychiatric) of all family members in abuse/neglect cases and makes placement recommendations. Services are funded by DCS and TennCare.

Homemaking Services in-home services provided by the Memphis City Schools. Services are funded by DCS.

Lakeside Hospitals, in-home service using Behavioral Sciences Institute-trained staff.

Monitor Prime, in-home services, largely case management, that are sometimes tried before HomeTies.

According to the DCS front line staff interviewed, approximately 50 to 60 percent of substantiated CPS cases are encouraged to accept some services. Jean Taylor, the CPS Program Supervisor, estimated that for control cases, over 50 percent currently go to Community Service Agencies to access services not otherwise funded by DCS. For families in treatment, most of the requests for flexible funds are to support concrete needs like home repair or specialized psychiatric services not otherwise covered by TennCare.

Endnotes

48. Formerly the Department of Human Services.

49. As discussed later, implementation of managed care for non-custodial services has changed this structure.

50. Sources of data for this report include *Tennessee's Family Preservation/Family Support Five Year Plan* (1994); *Family Preservation in Tennessee, The Home Ties Interventions: Selected Findings from the Program's Operation from 1989 to 1995* (Homer, K.S. Cunningham, M.L., Bass, A.S., Collette, S., and Evans, M.S., 1996); the State of Tennessee's *Assessment of Children and Youth Committed to State Care* (1989); *Tennessee Home Ties History*, and interviews with public and private agency staff.

51. Wraparound services are not available to families receiving services in the HomeTies program, but they are available for use following intensive family preservation services as aftercare services.

52. Until 1996, the Department of Youth Development provided all youth correctional services in Tennessee. In 1996, these three agencies, along with others were combined to form the Department of Children's Services.

53. At the same time that DCS is preparing to shift to a managed care model for noncustodial cases, the state is experiencing a significant budget shortfall which threatens to eliminate large amounts of DCS prevention services. If the state is unable to raise additional funds through tax increases, the shift to managed care will probably not occur.

54. The Director of State DCS Finance reported that because networks will not bill for individual services, state finance will no longer track the exact service families receive.

55. The state's 98/99 APSR reported that funding is also coming from savings generated by the continuum of residential care.

56. It is important to note that both DCS and HomeTies staff had been concerned that many DCS workers didn't refer to HomeTies. One person estimated that 50 percent of DCS workers did not make any referrals to HomeTies prior to the study, suggesting a large degree of indifference to or ignorance of the program among some workers. Based on our interviews, antipathy toward the program appears to be an unlikely explanation for non-referral for most workers.

57. One worker was no longer using HomeTies because of these issues, while other staff appeared to be merely pointing out the program's shortcomings and will continue to use the program.

58. The Shelby County director explained that while rates for HomeTies had not increased since 1992, the costs of providing services have increased substantially. Consequently, he was only able to support 18 workers. Because of lower than average caseloads, he has been forced to keep the number of staff below 18.

59. Homer, et al., 1995, p. 79.

Where to?

Top of Page | Contents

Main Page of Report | Contents of Report

Home Pages:
Human Services Policy
Assistant Secretary for Planning and Evaluation (ASPE)
U.S. Department of Health and Human Services (HHS)

***Evaluation of Family Preservation and Reunification Programs: Final Report: Volume 1:* Philadelphia**

6. Philadelphia

[Main Page of Report | Contents of Report]

Contents

- 6.1 Introduction
- 6.2 Characteristics of Philadelphia's Children and Families
- 6.3 Child Welfare Services
    - 6.3.1 Child Abuse and Neglect Intake
    - 6.3.2 In-home Services
- 6.4 Services
- 6.5 Training
- 6.6 Public-Private Collaboration
- 6.7 Funding
- 6.8 Implementation of the Evaluation
    - 6.8.1 Random Assignment
    - 6.8.2 Challenges to Implementation

Endnotes

6.1 Introduction

This section begins with an overview of the characteristics of children and families in Pennsylvania and Philadelphia County. The chapter continues with information on child welfare services in Philadelphia County, a detailed description of Services for Children in their Own Homes (SCOH) and FPS, and a description of the implementation of the evaluation.(60)

Information on population characteristics and child welfare structure and process is presented to provide an understanding of the context in which services were provided, and to identify any changes that occurred during the implementation of the evaluation.

6.2 Characteristics of Philadelphia's Children and Families

There are approximately 2,900,000 children under age 18 in the State of Pennsylvania. The majority of children are Caucasian (78 percent) and more than three-quarters are fourteen years old or less (Table 6-1).

Table 6-1
Age and Race Distribution of Children in Pennsylvania

Total number under age 18 in 2000	2,922,221
Age	**Percent (%)**
Under 5 years old	25
5-9 years old	28
10-14 years old	30
15-18 years old	17
Race/Ethnicity	
White	78
African American	13

Hispanic	5
Other (non-Hispanic)	4
Sources: 2000 U.S. Census data; *Kids Count Data Book*, published 2000.	

Indicators of child health, education, and social and economic welfare in Pennsylvania, compared to the nation, are presented in Table 6-2. Data have been abstracted from the *Kids Count Data Book*, published by Annie E. Casey Foundation. With respect to most indicators, Pennsylvania's families and children are similar to the national average. Notable exceptions include a lower percent of children without health insurance (15% in the nation compared to 8% in Pennsylvania), and a lower teen birth rate (30% in the nation compared to 22% in Pennsylvania). The Casey Foundation developed a family risk index based on the following indicators: 1) number of children who are not living with two parents, 2) households in which the head of household did not have a high school diploma, 3) family income is below the poverty line, 4) parents did not have steady employment, 5) the family was receiving welfare, and 6) no health insurance for the children. Using the Casey risk calculation, in Pennsylvania 12 percent of the children are considered at risk compared to 14 percent of children nationwide. (61)

Philadelphia has approximately 385,000 children under the age of 18. Similar to the state statistic, 26 percent of children are under 5 years old. Fifty-two percent of the children under age 18 in Philadelphia County are African American, while 32 percent are Caucasian.

Table 6-2
Indicators of Children and Family Health, Education, Social and Economic Welfare in Pennsylvania Compared to the Nation

	Pennsylvania	Nation
Health:		
Percent low birth weight babies (1998)	7.6	7.6
Infant mortality rate (deaths per 1,000 live births, 1998)	7.1	7.2
Percent of 2 year olds immunized (1999)	87.0	80.0
Percent of children without health insurance (1998)	8.0	15.0
Percent of children covered by Medicaid or other public-sector health insurance (1996)	21.0	25.0
Child death rate (deaths per 100,000 ages 1-14 in 1998)	22	24
Teen violent death rates (deaths per 100,000 ages 15-19 in 1998)	51	54
Teen birth rate (Births per 1,000 15-17 females in 1998)	22	30
Education:		
Percent of teens who are high school dropouts (ages 16-19 in 1998)	7.0	9.0
Percent of 4th grade students who scored below basic reading level (1998)	N.A.	39.0
Percent of 8th grade students who scored below basic math reading level (1998)	N.A.	28.0
Welfare, Social, and Economic:		
Median income of families with children (1998)	$48,300	$45,600
Percent of children in poverty (1997)	17.0	20.0
Percent of children living with parents who do not have full-time, year-around employment (1998)	24.0	26.0
Percent of children under age 18 in working-poor families (1998)	21.0	23.0
Percent of families with children headed by a single parent (1998)	25.0	27.0
Source: *Kids Count Data Book*, published by Annie E. Casey Foundation, 1999 & 2000.		

Comparing indicators of child and family well-being in Pennsylvania and Philadelphia County (Table 6-3), it appears that children in Philadelphia County are not faring as well as those statewide. Philadelphia County has relatively high rates of low birth weight, births to unmarried women, and adults with less than a high school diploma. Philadelphia has a poverty rate over twice the state rate, has twice the proportion of children below the poverty level, and has a median household income nearly $10,000 less than households statewide.

Table 6-3
Indicators of Children and Family in Philadelphia County Compared to Pennsylvania

	Philadelphia	Pennsylvania
Teen birth rate: births per 1,000 teens ages 15-19 (1998)	18.2	22
Percent low birth weight babies (1998)	11.0	7.6
Percent of total births to unmarried women (1998)	62.3	--
Infant mortality rate (deaths per 1,000 live births, 1998)	7.1	7.2
Percent of population with less than HS diploma (1990)	35.7	25.3
Persons below poverty (based on 1997 model- based estimate)	21.7	10.9
Percent of children below poverty (based on 1997 model-based estimate)	32.8	16.6
Median household income (based on 1997 model-based estimate)	$28,897	$37,267
Sources: *Kids Count Data Book* (2001); *The Right Start: City Trends* (2001); 1998 *County and City Extra* (1998); 2000 U.S. Census.		

Poverty is an important problem in the Philadelphia area. Nearly 22 percent of persons in the county, and almost one-third of children in the county, live below the poverty level. Substance abuse is also widely recognized as an established problem in Philadelphia and among child welfare cases, and is a central focus of family preservation efforts in Philadelphia. Of the 25 largest Metropolitan Statistical Areas (MSA) in the U.S., Philadelphia ranked 6th in rates of alcohol use, 13th in illicit drug use, and 17th in cocaine use in the years 1991 to 1993.(62) These estimates indicate that from 1991 to 1993, an average of 59.1 percent of those age 12 and older in the Philadelphia MSA had used alcohol in the past month, compared with 49.9 percent for the U.S. as a whole. In terms of illicit drug use, Philadelphia MSA residents were more typical of the U.S. population in general with 5.7 percent having used illicit drugs and 0.6 percent cocaine. Data on drug dependence and treatment for the Philadelphia MSA were also similar to figures for the U.S. as a whole. One percent of the Philadelphia residents over 12 were dependent on illicit drugs over a one-year period; 2.8 percent were dependent on alcohol; 0.8 percent received treatment for drug use, and 0.6 percent received treatment for alcohol use.(63)

[Go To Contents]

6.3 Child Welfare Services

Public child welfare services are administered at the county level in Pennsylvania. The State's Department of Public Welfare inspects and licenses county child welfare agencies, and retains some regulatory authority.

To provide background for the findings from the evaluation, an overview of the number of children in out-of-home placement in Philadelphia County for three years prior to the study and the first year of the study, and the number of child abuse and neglect reports in 1990 and 1994 are presented in Table 6-4.

The number of children in out-of-home care in the county remained fairly stable from 1994 to 1997, at approximately 7,800 children. About 2 percent of children in the County were in out-of-home placements in 1994. Philadelphia County had about 11,700 reports of abuse and neglect in 1990. There was an increase in the number of abuse and neglect reports, by about 1,000, between 1990 and 1994. The reports of abuse and neglect involved an estimated 3 percent of all children in the county in 1994.(64)

Table 6-4
Child Welfare Statistics In Philadelphia County

Number of children in out-of-home care[a]	
1994	7,773
1995	7,825
1996	7,808

1997	7,870
Reports of abuse and neglect	
1990	11,685
1994	12,577
Estimated reports as a percent of children under 18 in 1994	3.1%

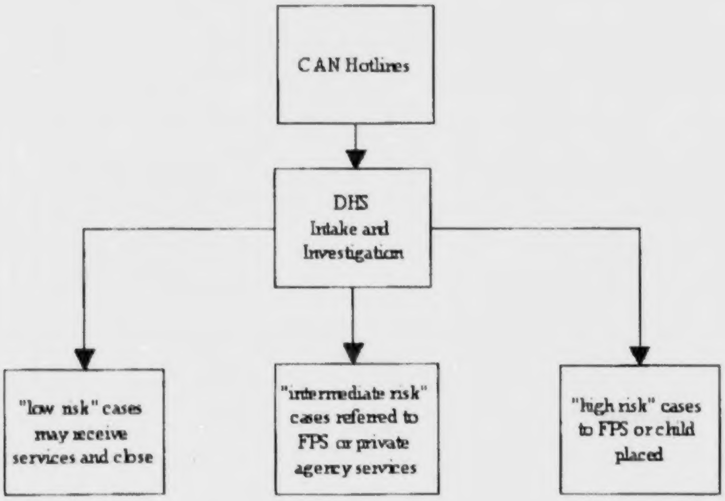
[a] Point-in-time estimates at the end of the fiscal year (June 30th).
Sources: Curtis, Boyd, Liepold, and Petit. Child Abuse and Neglect: A Look at the States (1995) and (1999); personal communication with Patrick Kutzler, Philadelphia County Department of Human Services.

6.3.1 Child Abuse and Neglect Intake

Child abuse and neglect (CAN) cases in Pennsylvania generally enter the child welfare system through statewide or county hotlines. There are two types of CAN cases -- child protective service (CPS) cases and general protective service (GPS) cases. CPS cases are those with alleged harm, or with threat or risk of harm to the child. These cases include allegations of physical abuse that result in severe pain or dysfunction, sexual abuse, medical neglect, or lack of supervision resulting in a specific physical condition or impairment, psychological abuse attested to by a physician, or repeated injuries with no explanation.(65) GPS cases include most instances of child neglect, including environmental conditions such as inadequate housing, inadequate clothing, and medical neglect not leading to a specific physical condition (e.g., failure to keep appointments or get prescriptions).(66) Both CPS and GPS cases are relayed to the appropriate county DHS office via central intake for that county.

Philadelphia has a central intake for all CPS and GPS cases. The Children and Youth Division (CYD) of the Department of Human Services (DHS) is responsible for child welfare investigations and services. CPS/GPS investigations on new cases are handled by CYD Intake Units.(67) The "unit of the day" receives intake cases. CPS cases are given priority and GPS cases fill out the unit's remaining intake allocation for the day. Other cases, known as voluntary requests for services, include other court referrals, hospital referrals, referrals from other resources, requests for emergency placement, walk-ins, and runaways (68) are referred through a "general intake," separate from CPS and GPS intake.

Figure 6-1.
CPS/GPS Abuse and Neglect Case Intake


CAN Hotlines
DHS Intake and Investigation
"low risk" cases may receive services and close
"intermediate risk" cases referred to FPS or private agency services
"high risk" cases to FPS or child placed

Central intake has a 24-hour-a-day response capability. Investigation of CPS cases must begin within 24 hours after a report;

investigation of GPS cases must begin within 5 days after a report. During these investigations, intake workers make a determination of the level of risk of harm to children and service needs of the family based on a standardized risk assessment. In general, children in low risk cases are provided with necessary services and their case is closed; intermediate risk cases are opened and families are referred to private agencies for services; and children in high risk cases may be referred to FPS or other services, or placed in foster care or another type of substitute care (judicial involvement is always required in high-risk cases). Intake investigators decide whether to open or close cases (changing from a "pending open" status assigned at the original call). CPS cases can be either: founded (by conviction of abuse in criminal court); indicated (based on evidence from a medical report, admission of the perpetrator, or CPS investigation); or unfounded. GPS cases are either substantiated or unfounded. GPS cases may also become CPS cases during investigation.

Services can be provided to children and families by an intake worker during investigation, although cases with more risk are more likely to be provided services at intake. For high-risk cases, services are usually required immediately to ensure the safety of the child. Counties must report results of CPS investigations to the state within 30 days after the original hotline call. If there is no report within 60 days, the record is automatically expunged from both the state and county systems.

After an intake worker has determined the level of risk for a child, the case is opened for services and sent to a DHS CYD Family Service Region (FSR) unit for case planning and further referral for services. There are four FSR units in Philadelphia County.

In 1996-97, a Centralized Referral Unit (CRU) was created to handle case referrals to residential treatment and SCOH service programs. The CRU is supervised by the Special Services Administrator, and serves as a conduit between and support to staff in Intake and the FSRs. The intent was to have one unit keep track of current openings in the private SCOH and residential treatment programs. However, this goal has not been realized and some SCOH referrals continue to come directly from intake staff who have established relationships with private agency staff. Intake workers should have a service (e.g., family preservation or SCOH) in place or refer the case to the CRU before the case is transferred to a FSR.

Philadelphia has always had a strong privatized system of service delivery. Large charity organizations in the city provided services to children and families beginning in the early 1900s. Private agencies did their own intake and services to children, and were paid through request for payment to the county up to the mid-1970s. In 1975, the Philadelphia County began CPS services. The late 1970s and 1980s saw exponential growth in service delivery and placement of children. As a result, DHS provided direct intake and protective SCOH services during the 1980s. As the need for services expanded, the number of private, publicly monitored, contracts expanded as well.

A DHS reorganization took place in the late 1980s to separate intake (evaluation, investigation and emergency services) from backend services such as foster care and adoption. At this time, FSRs were developed. Since the 1980s, almost all in-home services in Philadelphia have been purchased from private agencies.

DHS in Philadelphia County went through attempts at system reorganization in the 1990s. In the late 1990s, as part of a permanency planning initiative, DHS experimented with a FSR unit set aside specifically for permanency planning, to more closely coordinate permanency planning for children. However, with the implementation of ASFA, expediting permanency became the job of all FSR workers in the system. In 1997, DHS devised mechanisms for geographic-based assignment of workers and delivery of services to promote a more community-based service delivery system. Plans called for intake to remain centralized while families were assigned to workers based on geographic location. Implementation is moving although not as quickly as was hoped.

In addition, the State of Pennsylvania and County of Philadelphia were parties in a class action suit brought by the ACLU concerning the quality of care provided to children who have been removed from their homes. With the implementation of ASFA, many charges contained in the lawsuit were addressed through new state and county policy. The state was released from the lawsuit, and Philadelphia and the ACLU entered into a consent decree to resolve remaining grievances, whereby the ACLU would participate in a number of case readings every 6 months, over an 18 month period.

6.3.2 In-home Services

6.3.2.1 Services to Children in Their Own Homes (SCOH)

In 1978, state legislation mandated SCOH in all counties. These services were (and still are) intended to support intact families and protect victims of child abuse and neglect who remain at home. One of the early SCOH programs in Philadelphia was staffed by paraprofessional workers with caseloads of three families per worker. Workers served as advocates for families. Over time, teams of social workers and paraprofessionals were developed. Caseloads grew to about eight families per worker by 1990.

SCOH are provided by about 20 private agencies in Philadelphia. DHS contracts with a private agency to deliver a specific level of SCOH for each case. Initially there were three intensity levels of SCOH: Level I consisted of 1 hour of in-home service a week; Level II consisted of 2 hours of in-home service per week; and Level III consisted of 3 hours of in-home service per week. However, Level I is no longer in use as it was thought to be insufficient for a case. Level II and Level III continue to be provided.

SCOH are usually initiated by a joint meeting of family members, the FSR caseworker, and the private agency SCOH worker in the family's home. Because it is often difficult to arrange such meetings around FSR caseworkers' schedules (their protective service investigations and court appearances take precedence over SCOH meetings), delays in the start of SCOH are common. Some private SCOH agencies have bypassed the joint meeting and begun services without an initial meeting with the FSR caseworker.

Once in SCOH, cases move through the program quickly. DHS has tightened time frames in the program. After nine months of services, cases are automatically terminated from SCOH unless there is a new risk assessment and DHS agrees to a six-month extension. SCOH caseloads vary across agencies from approximately 8 to 14 cases per worker.

6.3.2.2 Family Preservation Services (FPS)

In response to the crack-cocaine epidemic, which hit Philadelphia in the mid-1980s, the state legislature allocated funds for a "Pennsylvania Free" (Penn Free) program to service crack cocaine-addicted women and their families. Funding for this program was channeled through county mental health departments and services were often provided through contracts with private agencies. Three of these programs were launched in Philadelphia. Although they were called family preservation services (FPS), the Penn Free programs were not nearly as intensive as current FPS and included a mix of in-home and office-based contact with clients.

From 1986 to 1989, a private service provider in Philadelphia, Youth Service, Inc., operated an in-home, family-based program funded by the Edna McConnell Clark Foundation. Initial referrals included some very difficult cases, the program was not able to achieve quick and substantial reductions in the risks to children, and placement rates were high in this early cohort. Referrals shifted to families with chronic problems in which children were not at risk of placement. By the end of the Clark-funded project, cases in the program were similar to those serviced in SCOH.

In the late 1980s, Pennsylvania state child welfare administrators were very impressed by presentations on family preservation services at national meetings of state governors. A strong commitment to family preservation developed at the state level and in some counties. The Pennsylvania Family Preservation Act of 1989 encouraged counties to establish family preservation programs, "enabling children who would otherwise be subject to out-of-home placement to remain at home" (P.L. 218, No. 35). The impetus for this law came from experience with local programs that were similar to family preservation services and the influence of the national family preservation movement. Because public programs in Pennsylvania are administered at the county level, the state had no way to force FPS on counties, and some were resistant. Therefore, the state sought county-level "buy-in" to the family preservation ideal by setting up grants to counties for FPS.

During an initial phase-in period, grants were provided to counties on a competitive basis, based on a review of proposals submitted by county children and youth agencies, with no county matching fund requirements. State law does provide some guidelines within which county-run programs operate, however counties were generally left to decide whether and how to provide FP services. There has been considerable variation across counties in the implementation of FP programs. Advocates hoped that FPS would eventually be available statewide, but that has never happened.

6.3.2.2.1 Philadelphia FPS

Philadelphia began providing FPS in 1991. Philadelphia did not apply for a state FPS grant the first year they were available (1989), but applied and received a grant to begin in 1990, and started services in 1991. Services began with one DHS FP unit. Tabor Children's Services coordinated with DHS on the grant, jointly planned the first FPS program, and was the first private agency to deliver FPS in the county. After the first year, administrators made note of families who did not benefit from the FPS provided. Based on that information, specialized FPS models were developed to meet the needs of various communities and clients. As a result, specialization became an important part of FPS in Philadelphia, and continues to be a hallmark of Philadelphia County FPS. Each private agency who received DHS FP grants served a specific target population such as teen parents or parents with drug and alcohol abuse problems. In the first few years, the FPS programs in Philadelphia were not at capacity. Referrals to the program were few and some referrals were inappropriate for the program. Efforts made to "market" FPS to intake workers were successful and the number of families entering the program grew.

As a result of FP expansion, in 1994 DHS began the Specialized Family Preservation/ Reunification Section, a centralized, specialized section made up of five units. This model made sense for practice and practical reasons, to maintain necessary support, training, and reinforcement, while at the same time encouraging cohesion in practice, and enforcing accountability.

In 1994-95 the Philadelphia FP programs served 341 families with 888 children. In 1995-96 FPS were provided to 462 families with 1,452 children. In 1996-97, the figures were 616 families with 1,642 children. By 1999, there were approximately 16 FPS programs provided by 12 private agencies across the county. Plans to expand the program continue. In 2000, the county had the capacity to serve 1,000 families per year in family preservation and reunification programs.

FPS in Philadelphia County has focused on serving families with substance abuse problems, a focus that has its roots in the Penn Free programs. Substance abuse is the primary emphasis of the FPS program operated by the Abraxas Foundation, and to a lesser extent, by Tabor Children's Services, two agencies serving both experimental and control group families in our study. As mentioned earlier, specialization of services is a hallmark of Philadelphia FPS. Other private agencies provide FPS to specific populations in need.

The Abraxas Foundation focuses on substance abuse among young parents. Many of these clients need in-patient treatment. Some are status offenders or are classified as "pre-delinquent." Abraxas operates treatment and rehabilitation programs for delinquent and dependent youth with substance abuse problems, drug sellers, sex offenders, and youth with emotional and behavioral disorders. Other than FPS, most of Abraxas's programs serve youth referred through the juvenile justice system.

The FP programs at Tabor Children's Services focus on substance abuse, child maltreatment, family conflict, life skills, parenting needs, and parent education. Most of the families in these programs have children under 12, although families with older children are sometimes referred. Tabor Children's Services is a multi-service child welfare agency with adoption, foster care, and supervised independent living programs. Its parent agency, Tabor Services, also has mental health and day care divisions.

The FP programs at Youth Service, Inc., focus on family conflict, most often in three-generational households with young parents. Conflict resolution and parenting skills training are emphasized, and crisis nursery and day care services are available. Carson Valley School specializes in serving status offenders, teenage victims of abuse, cases of parent-teen conflict, and some teenagers with mental health and mental retardation problems; group treatment is provided for teens and parents. Congreso de Latinos Unidos is a bi-lingual, bi-cultural, multi-service program for families in North Philadelphia; its FP program services include life skills training, parenting training, family conflict resolution, and substance abuse intervention.

Target Population. Philadelphia County defines the target population and goals of family preservation in somewhat more expansive terms than the traditional FPS Homebuilders-type model. The FPS program is focused more broadly by serving children who are at intermediate risk of removal from the home, as opposed to serving only children at imminent risk, and provides 12 weeks of services. The caseload size of five families per caseworker, set by the 1989 Act, has generally been adhered to.

When the FP program began in Philadelphia, most of the referrals involved drug and alcohol abuse in families with young children. As the program progressed, families with older children were also referred, as were parents with mental health problems and other needs. Little systematic information is available about the characteristics of families served by Philadelphia's family preservation and SCOH programs. However, data available from one FPS program indicate that of the first 40 cases served by the one FP program, 70 percent were receiving AFDC, 78 percent had at least one family member with a serious drug or alcohol addiction, and 8 percent involved children who were born addicted to drugs. Three-quarters of the families were African American, 23 percent were Caucasian, and 3 percent were Hispanic. More than half (55%) of the mothers served by the program were never married, 28 percent were divorced, and 3 percent were widowed.(69)

Referral. Referrals to the FP program usually come from central intake. In Philadelphia, the public agency's specialized FPS section develops selection criteria, approves families to receive FPS, and works closely with the private providers. The decision to refer a case is made by intake or a family service region worker. The referral is assigned to a DHS FP worker, by the DHS FPS receiving supervisor, for assessment. Ideally, the referring DHS worker and FP worker would go out together to meet and assess the family for FPS. However, sometimes the DHS worker cannot attend the meeting and the DHS FP worker and a private FP supervisor and/or worker will go out to help assess the family. Criteria used to make a determination on a referral include: 1) can the family identify at least one achievable goal?, and 2) is the family willing to accept intensive services from an agency? (70) A family service plan is drawn up by the DHS FP worker at the time of assessment. If a case appears feasible for FPS, the DHS FP supervisor will assign the case to a private provider FP worker, if one has not been assigned at that point, to begin the ongoing work with the family.

The DHS FP worker generally performs all the public-sector mandated functions and activities such as the family service plan, any court petitions or appearances, CPS interventions, mental health and/or placement planning if necessary, and attends all mid-point and ending meetings with the family. The DHS FP worker may also assist the FP provider worker in identifying resources or responding to emergencies.

[Go To Contents]

6.4 Services

Family Preservation is a 12-week program that focuses on the strengths of families. Workers provide about 10 hours per week of direct contact with the family in their home. There is a formal, 6-week case review meeting, attended by DHS staff, private agency staff, and family members. This meeting is seen as an opportunity to review case progress and receive feedback from the family. An additional formal meeting is held at the end of FPS services, attended by the DHS worker, private agency worker, and family members. If aftercare services are required, a DHS FPS "transitional unit" worker and private agency SCOH worker also attend the meeting. About 50 percent of FPS cases close within 12 weeks (i.e., close at DHS). Approximately 15 percent of families have chronic problems that need more attention and in these cases, children may enter placement. About 30 percent of families receive 3-6 months of follow-up services.

6.5 Training

DHS and private agency FPS workers are required to attend 40 hours of in-service training per year (compared to 20 hours per year for other child welfare workers). In the first few years after the passage of the state Family Preservation Act, annual statewide conferences were held to orient and train FPS workers. This practice ended under the administration of Governor Ridge. For several years, FPS workers were expected to fulfill the 40-hour training requirement by attending in-service trainings provided within their own agencies, general sessions provided by the state regional training center, and professional meetings and conferences. DHS contracted with Philadelphia Child Guidance to provide 25 days of clinical training per year for FPS staff at DHS and the private agencies. Training is provided in three groups, each of which is comprised of staff from several provider agencies. Each year there are 8 days of training for each group and one general session. Training focuses on interviewing skills, clinical observation, crisis intervention, and issues specific to family preservation work within a multi-systems perspective.

6.6 Public-Private Collaboration

Working relationships between private and public agency FPS staff are quite positive. Private agency and DHS staff participate in initial, midterm, and final meetings with FPS clients and caseworkers in the family's home. Communication and case coordination between public and private workers are frequent and fairly thorough. Private agency workers find the DHS FPS staff accessible and responsive. Overall, the public-private partnership includes family-centered practice, constructive public-private partnerships, and clear division of responsibility for case management and direct service provision.

6.7 Funding

Initially, Pennsylvania Department of Public Welfare (DPW) grants to CYD set reimbursement for Family Preservation at the a rate of $4,000 per family per year. In 1994, DPW adjusted the rate up to a maximum of $4,500 per family. Philadelphia County has continued to fund family preservation based on a flat rate per family (some other counties pay a per diem rate). Grant amounts remained stable and the capacity of individual programs in Philadelphia decreased in 1994. For example, programs that once contracted to serve 100 families a year for $400,000 now aim to serve about 88 families a year for the same amount. Overall expenditures and service capacity have increased with the addition of new programs. In 1996-97, DHS funding for FPS programs in Philadelphia County was slightly under $2 million, up from approximately $1.7 million in the previous year.

[Go To Contents]

6.8 Implementation of the Evaluation

A review of programs in Pennsylvania and Philadelphia for participation in the study began in 1994. Our interest in Philadelphia County was sparked by the fact that it had one of the few intensive family reunification programs in the country. However, at that time, the Philadelphia reunification programs were relatively new and were not serving enough cases to support an experiment. Discussions with a Social Work Administrator in charge of FPS in Philadelphia County, a strong supporter of rigorous evaluation of FPS, shifted our focus to consider the placement diversion programs that serve cases with serious substance abuse problems. Further discussions with the administrator and her staff took place in June 1995. Philadelphia was an interesting site for the study for three main reasons: 1) the FPS program was not a Homebuilders model like the other study sites, but instead focused on broader use of FPS including servicing intermediate risk cases and providing extended services to families; 2) Philadelphia's SCOH provided the opportunity to study differences in service intensity between the FPS and SCOH cases; and 3) the FPS program also provided a targeted look at families with drug and alcohol problems.

Support for the study was obtained in a series of meetings with DHS administrators in 1995 and 1996. The study was approved by the Philadelphia DHS Commissioner and the Pennsylvania DPW in the Spring of 1996. Many questions about implementation of the study arose in discussions with DHS middle managers. Central issues included eligibility criteria, random assignment, and case flow. These issues were resolved in meetings that occurred in the fall of 1996 and early 1997, under the leadership of the DHS FPS administrator and a FPS unit supervisor. Initial plans to obtain referrals for the study from the CRU were abandoned; instead it was determined that referrals would come directly from Intake.

The selection of programs included in the evaluation in Philadelphia was purposive. Programs that served families who were not referred through the CPS/GPS system were eliminated from consideration. The focus was on programs that specialized in cases with substance abuse problems. The study included two private agencies in Philadelphia that provided FP services, Abraxas and Tabor Children's Services, both of which also offered SCOH. A third SCOH agency, Youth Service, Inc., was included to insure that there were enough SCOH for cases that were randomly assigned to the control group. Thus, there were two FPS programs and three SCOH programs in the study. All five programs served the entire county.

Cases were enrolled in the study as follows. A DHS FPS unit supervisor reviewed all cases before they were referred for services to determine whether the case was eligible for the study. If eligible, the FP supervisor then determined whether there were openings in at least one of the FPS programs, and in one of the SCOH programs participating in the study. If openings were available, the FPS supervisor called Westat, where the case was randomly assigned by computer to either family preservation or SCOH. The case assignment was relayed immediately to the FPS supervisor over the phone. If one or both of the participating study agencies could not provide services at the time, the case was referred for SCOH in one of the agencies that was not participating in the experiment.

6.8.1 Random Assignment

Random assignment of Philadelphia cases to study groups began in March 1997. When the study began, the hope was to enroll 500 cases into the study within a one-year period. Referrals were slow during the summer of 1997, but picked up in the wake of renewed attempts to remind intake workers that FPS was an option in many cases. However, despite repeated efforts to increase the referral rates for the study, overall, rates were considerably slower than expected. The enrollment period was left open for 26 months.

A total of 362 cases were randomly assigned. Of these, 9 were determined to be inappropriate referrals and were removed from the study.[71] Table 6-5 shows the distribution of cases by experimental group.

Table 6-5
Assignment of Cases

	Control	Experimental	Total
Randomly Assigned	149	213	362
Inappropriate Referrals	5	4	9
Net Study Cases	144	209	353

The basic analysis of differences between experimental and control groups concerned those cases labeled "net study cases." Cases that were deemed to require family preservation should have been designated as exceptions. However, in a few cases the group assignment was violated, that is, the group to which a family was assigned was switched. We identified six violations throughout the study. All six cases were switched from the control group to the experimental group. No violation cases switched from the experimental to the control group.

Some cases in the experimental group were provided minimal services because of refusal by the family to participate, failure of the family to comply with initial expectations of the program, or because the provider agency turned the case back. Turnbacks occurred when family preservation services workers were unable to contact the family or the family did not meet the criteria for service (in a few such cases, children were not considered to be at risk). These cases received varying amounts of service, ranging from none to some. There were 71 of these minimal service cases in Philadelphia, 4 in the control group and 67 in the experimental group. Of the 67 experimental group cases, 10 (15%) received at least one family preservation contact. Only 2 of these 10 families received more than five contacts. The breakdown of violations and "minimal service" cases is shown in Table 6-6.

Table 6-6
Violations and Minimal Service Cases

	Control	Experimental	Total
Net study cases	144	209	353
Violations	5	--	5
Minimal service	4	67	71

6.8.2 Challenges to Implementation

Data Collection. As in other study sites, the burden of data collection fell largely on private agency FP staff, however, even more so in Philadelphia where private workers provided services to both the experimental and control group cases. Because the study protocols were introduced to the private agencies early on in the process (in the middle of 1995), the agencies were able to incorporate some of the data collection instruments for the study into their normal data collection routines. In particular, the evaluation's contact sheet, a form which workers filled out upon each contact with a family, was adopted for use by several private agencies in Philadelphia.

Private Agencies. A site coordinator assisted in Philadelphia with data collection efforts. The site coordinator frequented the DHS and private agencies to gather information on cases. Reorganizations by two of the private agencies provided challenges to collecting information for the study. During the study period, one agency was purchased by a for-profit company and as a result key administrators and staff who were study contacts and had provided information for the study left the agency. This situation posed a significant challenge, but the site coordinator and study staff were able to maintain communication with the private agency staff and assemble information on cases as needed. Also, for a time in one agency, the same workers were reportedly serving both SCOH and FPS cases in the study.

Caseworker Assignment. By tracking cases as they moved through DHS and the private agency providers, the study documented substantial delays in the assignment of DHS caseworkers to SCOH cases and in the assignment of DHS FPS workers. This resulted in families not receiving services due to the requirement that both DHS and private worker meet with the family on the first visit. Table 6-7 illustrates the time between random assignment and assignment of a caseworker for cases over a one-year period of the study. Families to receive FPS at one agency waited an average of 6.7 weeks to receive a caseworker, and those families to receive SCOH services waited an average of 9 weeks.(72) Since FPS was supposed to be a 12-week program, delays of 7 weeks were substantial. Prolonged time between random assignment and assignment of a caseworker resulted in challenges in data collection. Initial caretaker interviews that were intended to capture a family's situation at the start of services were delayed. Further discussion about the time between random assignment and interviews in Philadelphia is presented in Volume 2, Chapter 4 of this report.

The information presented on characteristics of children and families in Pennsylvania and Philadelphia County, on child welfare services in Philadelphia County, and on implementation of the evaluation provides a context for understanding the study data and analyses on family characteristics, services to families, and outcome comparisons presented in Volume Two.

Table 6-7
The Time Between When a Case Entered the Program and Was Assigned a Caseworker

March 1998 - March 1999

Cases	Caseworker Assignment (median number of weeks)	
	FPS	SCOH
Private Agency A	6.7 weeks (N=8)	9.1 weeks (N=21)
Private Agency B	2.3 weeks (N=50)	7.1 weeks (N=23)
Private Agency C	N/A	2.9 weeks (N=20)
TOTAL	4.5 weeks	6.4 weeks
Turnbacks and refusals are not included in these calculations.		

[Go To Contents]

Endnotes

60. Information in this chapter is based on reports and documents provided by the Department of Human Services of Philadelphia County, interviews conducted with personnel at both the public and private agencies, and data resources such as the 2000 U.S. Census and the *Kids Count Data Book* by Annie E. Casey Foundation, 2000.

61. *Kids Count Data Book*, Published by Annie E. Casey Foundation, 1999.

62. Substance Abuse and Mental Health Services Administration. *Substance Abuse in States and Metropolitan Areas: Model-Based Estimates from the 1991-1993 National Household Surveys on Drug Abuse. Summary Report.* Washington, DC: U.S. Dept. of Health and Human Services, Public Health Service, September 1996.

63. Substance Abuse and Mental Health Services Administration. *Substance Abuse in States and Metropolitan Areas: Model-Based Estimates from the 1991-1993 National Household Surveys on Drug Abuse. Summary Report.* Washington, DC: U.S. Dept. of Health and Human Services, Public Health Service, September 1996.

64. Curtis, et al., 1995.

65. Prior to 1995, CPS reports were limited to physical abuse resulting in pain or dysfunction, sexual abuse, medical or physical neglect leading to "a condition," emotional or psychological abuse reported by a physician or certified school psychologist, and "established patterns of injuries."

66. Formerly, GPS cases were not legally defined; however in 1999 the state promulgated regulations on GPS cases to promote more uniform investigation of these cases.

67. CPS/GPS investigations on open cases are conducted by Family Service Region (FSR) caseworkers.

68. Delinquency cases are handled by the probation office of family court and the probation office provides service planning and supervision for these children.

69. Abraxis Foundation, 1995.

70. Sex abuse cases are rarely served through FPS because they require long-term treatment.

71. The nine inappropriate referrals include reunification cases, cases in which the children identified as at risk were out of the home, one case that was already receiving services, and cases from units that were not participating in the study.

72. Caseworker assignment to cases was only tracked through 15 weeks from random assignment.

Where to?

Top of Page | Contents

Main Page of Report | Contents of Report

Home Pages:
Human Services Policy
Assistant Secretary for Planning and Evaluation (ASPE)
U.S. Department of Health and Human Services (HHS)

Evaluation of Family Preservation and Reunification Programs: Final Report: Volume 1:
Philadelphia

7. Families Served by Homebuilders Model Programs

[Main Page of Report | Contents of Report]

Contents

- 7.1 State Policies on Referral
- 7.2 The Kentucky Families
- 7.3 The New Jersey Families
- 7.4 The Tennessee Families
- 7.5 Summary

Endnotes

This chapter includes a description of families served by the Homebuilders study sites -- Kentucky, New Jersey, and Tennessee. Description of families served in the Philadelphia family preservation home-based model can be found in Volume 2, Chapter 4 of this report.

7.1 State Policies on Referral

Before describing the family characteristics, services provided, and outcomes of the study, we review the state policies and practices that guided the types of families referred for family preservation services.

In all three study states there were policies specifying the types of families eligible for family preservation services. These criteria emphasized the imminent risk of placing children in foster care if the services were not provided. All three states used the Homebuilders family preservation model and reported they followed the guidelines set forth by the Behavioral Sciences Institute (BSI), where Homebuilders began. (73) According to BSI, the family characteristics that are key to an appropriate referral are:

1. Child is at imminent risk of placement. Placement has already been initiated or will be initiated at once without family preservation services;
2. The family is in severe crisis;
3. One parent is willing to meet with the family preservation worker at least once;
4. There are some family strengths, resources, or social supports available that can be utilized to increase safety;
5. There are no options for long-term placement with relatives;
6. The family has been told that placement is imminent; and
7. Other services have been tried and failed, or other less intense services would not be sufficient to resolve the problems that will cause placement.

Kentucky law defines FPS as "a short-term intensive, crisis-intervention resource intended to prevent the unnecessary placement of children at imminent risk of placement." Kentucky policy specifies that imminent risk includes children who are at risk of commitment as dependent, abused, or neglected; who are identified through the Regional Interagency Council as severely emotionally disturbed; or whose families are in conflict such that they are unable to exercise reasonable control of the child.

In New Jersey, family preservation is considered to be a "gatekeeper" to prevent out-of-home care for a child. According to state legislation, family preservation services are targeted at families with substantiated abuse or neglect, with the children at risk of harm from maltreatment. The state defines three levels of eligibility for targeting purposes. Only the first level applies to families with children at risk of foster care placement. It includes families with at least one child at imminent risk of placement, unless changes in family coping or behavior patterns are made, placement will occur. Cases in which there is one child in temporary placement less than thirty days are also eligible. The referring worker must base the assessment of imminent risk on a face-to-face interview with the family no more than five days prior to the referral. (74) Although the term "imminent risk" is used as the litmus test for referring families, definitions of this term are left to the counties and ultimately the individual caseworker and his or her supervisor.

In Tennessee, criteria outlined in policy are also based on the criteria established by the Behavioral Sciences Institute. CPS intake workers complete a risk assessment form to identify high, intermediate, low, or no risk situations. High-risk cases are identified as cases where "the child or children in the home are at imminent risk of serious harm if there is no intervention in the situation." A typical high-risk case might involve such factors as: 1) a vulnerable child; 2) a history of previous maltreatment; 3) a perpetrator who has continued access to the child; and 4) no available support or family strengths to offset the risks.

In Kentucky and New Jersey workers were being encouraged to focus family preservation referrals on younger children. Although not a written policy, managers were emphatic that families with younger children should be a priority for family preservation referral. Conversations with workers revealed that this was not necessarily being adhered to. In addition, when workers were queried about the types of families they actually referred to family preservation their responses varied.

Divergence of Practice from Policy. As expected, policy and practice were not always synchronized. In New Jersey, county practices on referral varied. Workers interviewed in the seven study counties presented several alternatives. In most counties the workers indicated they mainly referred ongoing cases, cases in which they had worked with families for an extended period of time. Workers had to demonstrate that they offered many alternative services and workers said that they used family preservation because it was the only service option left to offer a long-term case. Workers also indicated that they considered family preservation services most appropriate for family problem cases, rather than child abuse and neglect cases, especially those with adolescent issues.

In Kentucky, criteria outlined in policy mirror the criteria established by BSI. However, in practice workers said they referred cases that they felt really needed services, and were not necessarily facing imminent placement. Workers who referred cases from ongoing units as opposed to intake and investigation units said that ongoing referrals did not involve a specific incident of maltreatment. Instead, referrals of ongoing cases were more likely to involve chronic problems that were getting worse. When asked specifically about the types of cases referred for family preservation services, some workers identified:

- Low functioning parents with no parenting skills;
- Young mothers who are overwhelmed and need help getting supportive services;
- Dirty house cases, something very concrete that family preservation services could work on and see improvement in;
- Domestic violence cases; and
- Psychiatric cases where a parent might be schizophrenic and would not take medication.

When queried, supervisors stressed that referrals are made based on families in crisis who have an immediate need because of risk of placement.

Investigative workers in Tennessee reported that HomeTies was used as their first resort for families at imminent risk of removal because program staff could be in the home monitoring and assessing families. Ongoing workers reported that they used HomeTies as a last resort, after they had tried less intensive services because of the intensity of the intervention and the availability of concrete resources (flexible funding, transportation) that could be used. Department of Children's Services workers also said that the best candidates for HomeTies were families who needed assistance with communication skills and anger management.

Both Kentucky and New Jersey policies excluded families in which there was a substance abuse problem and a current plan for treatment was not being pursued. Kentucky excluded families in which there was sexual abuse and the perpetrator was still in the home.

We turn now to a description of the families in the evaluation. Descriptive information about the families was gathered from the initial interviews with caretakers. Those interviews included information on the family's involvement with social programs prior to referral to family preservation. Questions on family problems and social program participation were also asked in the post-treatment and follow-up interviews. Data from those interviews are presented in Volume Two of the report. In addition, administrative data were used to describe prior involvement of families with the child welfare system. Because families were randomly assigned, we would expect the families in the experimental and control groups to be similar at the time of random assignment, and for that reason, the sample is described as a whole. However, by chance it is expected that the groups would differ in statistically significant ways on a few variables. We identify below those characteristics on which the groups differed significantly.

[Go To Contents]

7.2 The Kentucky Families

Table 7-1 summarizes certain characteristics of 311 Kentucky caretakers and families for which we have initial caretaker interviews (89% of the 349 net study cases). The respondents were primarily women (93%). Most (85%) of the respondents were birth mothers, 7 percent were biological fathers, 6 percent grandmothers, and the rest were other relatives, including one adoptive mother (for 6% the relationship to the child was not ascertained). The racial composition of the respondent group was mostly white (55%) and African American (not Hispanic) (43%), along with 1 percent Hispanic and 1 percent other. The average age of the respondents was 32 ($n = 306$, s.d. = 9.49). (75) Nine percent of the respondents had less than a high school level education, 44 percent had some high school, 32 percent had graduated from high school or obtained a GED, 14 percent had at least some college education, and 1 percent had special education or vocational schooling. Approximately 24 percent of the respondents indicated they were married, 19 percent divorced, 21 percent separated, 3 percent widowed, and 33 percent never married. (76) Thirty-five percent reported that they were living with a spouse or partner. At the time of the first interview, 38 percent of the respondents indicated they were employed, 29 percent were unemployed and looking for work, and 33 percent were unemployed and not looking for work. (77) Overall, 83 percent of the respondents rented their homes. Respondents in the experimental group were more likely to rent their homes than those in the control group (89% vs. 77%, $p = .005$). Provided with a list of income categories, respondents were asked to approximate their household incomes. Of the 300 respondents who answered

Table 7-1
Description of the Kentucky Families at Time of Initial Interviews

	N	%
Gender of caretaker/respondent	311	
Male		6.8
Female		93.2
Race of caretaker/respondent	310	
African American (not Hispanic)		43
Caucasian (not Hispanic)		55
Hispanic		1
Other		1
Respondent's education level	311	
Elementary school or less		9
Some high school		44
High school graduate or obtained GED		32
College		14
Special education or vocational schooling		1
Respondent's marital status	310	
Married		24
Divorced		19
Separated		21
Widowed		3
Never Married		33
Respondent's relationship to youngest child	292	
Birth mother		85
Biological father		6.5
Grandmother		5.8
Other relative		2.4
Household composition		

Birth mother, no other adults	311	43
Birth mother & 1 male adult		24
Birth mother & extended family*		9.3
Biological father*		6.1
Other relative caretaker*		7.4
Other**		10
	N	**Mean**
Age of respondent	306	32.2
Age of youngest child	311	4.6
Age of oldest child	311	9.9
Number of children	311	3.0
Number of adults	311	1.6

* These categories may also include other non-related adults in the home.

** Includes: nonrelative caretaker, adoptive or step-parent, birth mother & non-related females, or birth mother, and more than one non-related male.

the question, 15 percent reported an income less than $5,000, 23 percent between $5,000 and $10,000, 43 percent between $10,000 and $20,000, 16 percent between $20,000 and $40,000, and 3 percent reported

an income of $40,000 or more. There were no significant differences between experimental and control group respondents in reported household income.

On average, these families were comprised of 1.6 adults and 3 children for an overall average family size of 4.6 persons. The average age of the youngest child in the family was 4.6 years (n = 311, s.d. = 4.35), and the average age of the oldest child in the family was 9.9 years (n = 311, s.d. = 5.00). The distribution of the age of the youngest child was 19 percent under 1 year, 42 percent between 1 and 4, 33 percent between 5 and 12, and 6 percent 13 and over. The distribution of the age of the oldest child was 3 percent under 1 year, 16 percent 1 to 4, 42 percent between 5 and 12, and 39 percent 13 and over.

While there were no significant differences between families in the experimental and control groups with regard to total number of persons, number of children in the home, or ages of youngest and oldest child in the home,(78) there was a statistically significant difference in the number of adults in the home. The control group averaged 1.7 adults per household (n = 155) whereas the experimental group averaged 1.5 adults per household (n = 156; p = .012). Respondents were also asked to provide information regarding the relationship of other adults in the home relative to the youngest child in the home. This information was then used to determine household composition for these families. Forty-three percent of households were headed by a single birth mother, 24 percent had a birth mother residing with one male adult, 9 percent had a birth mother and extended family, 6 percent were headed by a biological father, and 17 percent were headed by another relative caretaker.

Family Problems. We can get some sense of the difficulties families faced from the first interviews with caretakers, in which we asked whether they had experienced certain problems in the last month (Table 7-2). In Kentucky there were few significant differences on these items between the experimental and control groups at the initial interview. With regard to emotional problems, 55 percent of the respondents reported feeling "blue or depressed," 56 percent reported feeling nervous or tense, 47 percent were overwhelmed by work or family responsibilities, 31 percent said they had just wanted to give up at some point in the last month, and 30 percent felt they had few or no friends. With regard to financial difficulties, 49 percent responded that in the past month they did not feel they had enough money for food, rent, or clothing. In response to more specific questions about difficulties paying bills in the past 3 months, 24 percent reported difficulty paying rent, 32 percent reported difficulty paying electric or heating bills, 23 percent difficulty buying food for the family, and 31 percent difficulty buying clothes for their children.(79)

Table 7-2

Caretaker Problems and Strengths, Caretaker Initial Interview, Kentucky (occurred in the past month)

Problems	**Percent responding yes**
Felt blue or depressed	55

Felt nervous or tense	56
Just wanted to give up	31
Overwhelmed with work or family responsibility	47
Felt you had few or no friends	30
Not enough money for food, rent, or clothing	49
Gotten in trouble with the law	7
Had too much to drink in a week	3
Used drugs several times a week	1
Economic items	
Had difficulty paying rent	24
Had difficulty paying electric/heat	32
Had difficulty buying enough food	23
Had difficulty buying clothes	31
Positive Items	
Have you felt happy	82
Gotten together with anyone to have fun/relax	53
Doing a pretty good job raising kids	90

Three percent of respondents acknowledged having too much to drink several times a week, and 1 percent reported using drugs several times a week. Seven percent of respondents indicated they had gotten in trouble with the law in the past month. (80) Most (90%) respondents felt they were "doing a pretty good job raising [their] kids" (94% of the experimental group, compared to 86 percent of the control group, a difference significant at $p = .02$).

Table 7-3 shows problems of children identified by caretakers. Over four-fifths of caretakers said at least one child in the family threw tantrums and about the same proportion said a child "didn't show much interest in what is going on." Over two-thirds said a child "gets upset easily." Items identifying difficulties in school were endorsed by a quarter to a third of respondents (frequent absences, suspension, failed classes). Aggressive behavior was a fairly common problem, a third of the caretakers said a child fights a lot with other kids and 43 percent said a child was very aggressive toward them.

Caretaker Abuse or Neglect as a Child. When asked two separate questions about whether they had been abused or neglected as a child, 31 percent of the 311 initial interview respondents reported having been abused and 20 percent neglected. Sixteen percent responded affirmatively to both questions, and overall, 35 percent of the caretakers reported having either been abused, neglected, or both as a child. Eighteen percent of caretakers had been in a foster home or institution. Experimental and control groups did not differ significantly with respect to these previous experiences.

Previous Allegations and Placement. Historical reports of maltreatment and of placement in substitute care were available from the administrative data files. Two hundred and ninety-five (96%) of the Kentucky families had been investigated for maltreatment prior to random assignment. Two hundred and thirty-six (77%) of the families had experienced at least one substantiated (81) allegation prior to random assignment. The administrative files reported five types of allegations: dependency, emotional, neglect, physical abuse, and sexual maltreatment. The allegation just prior to random assignment was of primary interest. This particular allegation provides some indication of reason for referral to family preservation. The distribution of last allegation prior to random assignment is: 34 percent dependency, 5 percent emotional, 32 percent neglect, 44 percent physical abuse, and 24 percent sexual maltreatment. The distribution of last substantiated allegation prior to random assignment is as follows: 34 percent dependency, 3 percent emotional, 34 percent neglect, 41 percent physical, and 19 percent sexual maltreatment. As individual families can have multiple allegations on any given day, percentages add to more than 100 percent. In 68 cases (29% of the 236), the only substantiated allegation just prior to random assignment was dependency. Hence, there were a substantial number of cases referred for family preservation services in which it appears that abuse or neglect were not major issues.

Table 7-3

Concerns and Problems Regarding Children, Caretaker Initial Interview, Kentucky(% responding yes regarding any child that the respondent cares for)

	Kentucky

Item	N	%
Asked about all children...		
Child went through alcohol withdrawal at birth	309	2
Child went through drug withdrawal when born	309	2
Child doesn't show much interest in what is going on	308	84
Child is smaller/lighter than other children	308	29
Child Get(s) upset easily	303	69
Asked for children over 3 months old...		
Is/are funny and makes you laugh	303	95
Like(s) to share things with others	296	70
Throw(s) tantrums	302	83
Is/are shy and withdrawn	302	24
Is/are outgoing and friendly	298	85
Is/are good looking	297	99
Fight(s) a lot with other kids	289	33
Has/have language problems	286	30
Asked for children over 4 years old...		
Is/are very aggressive toward you	247	43
Has/have a special talent in music	232	32
Like(s) animals	248	95
Is/are good at sports	204	51
Usually does the right thing	241	74
Hangs with friends you don't like	243	28
In the past 3 months has any child you care for...		
Gone to church regularly	247	34
Been absent from school a lot	240	38
Run away from home overnight	240	10
Been temporarily suspended from school	240	30
Been expelled from school	239	11
Taken care of younger children	220	40
Took something that didn't belong	245	34
Absent from school/no good reason	238	30
In the past 3 months has any child you care for (Continued)		
Received special education at school	241	40
Failed any classes	237	27
Received counseling	245	61
Asked for any child over age 7...		
In the last 3 months, has any child been arrested	197	13
Asked only for children over age 10...		
Has child age 11 or older had alcohol problems	141	4
Has child age 11 or older had a drug problem	138	7
Has any girl age 12 to 18 been pregnant	82	12
Has any boy age 14 to 18 fathered a child	53	6

The above data describe the allegations that may be considered to be associated with the current involvement of the family with the child welfare system. The administrative data can also be used to explore the extent of prior involvement with the system. Of the 295 Kentucky families with at least one allegation prior to random assignment, 139 (47%) had a substantiated report of maltreatment prior to the allegation just before referral to family preservation.

Regarding substitute care placement, 124 children in 53 (17%) families had experienced placement prior to random assignment. (82) The administrative files contained placement dates for 123 of these 124 children. On average, 20.2 months elapsed between the last day of care and random assignment. In the placement spell just prior to random assignment the average length of time in substitute care was 5.9 months. (83)

Length of Time from Case Opening to Referral to Family Preservation Services. The Kentucky administrative data also contained information about case opening and closing dates. In Kentucky, opening and closing data are recorded at the individual rather than family level, and the dates of opening and closing for various members of a family may differ. Our analyses, however, were conducted at the family level. We considered a case open from the date of the first open record for any person in the family to the time that the last record for any person in the family had been closed out. In other words, the opening and closing data described here refer to periods of time during which DSS was involved with at least one person in the family. It should also be noted that in Kentucky a family does not necessarily need an open record in order to receive services, as services or referrals for services may be provided by the investigating worker prior to opening the case. Presumably, such cases should be opened shortly after referrals for services. With this in mind, cases were examined for the date of case opening or the date of the last maltreatment report, both of which may indicate DSS involvement in that case.

Of the 307 cases for which administrative data were available, 183 (60%) were open at the time of the referral to family preservation services. An additional 89 cases were not open at the time of referral to FPS, but had had a prior maltreatment report (15 of these cases had been open previously). In 59 of the 272 cases open at the time of referral or with prior maltreatment reports, the most recent case opening or maltreatment report occurred over six months prior to referral, in 34 cases, over a year prior. Appendix G provides a more detailed breakdown of case openings and maltreatment reports as well as the timing of these events in relation to the referral to family preservation services.

Social Program Participation. In the initial interview, respondents were asked whether they or anyone else in the household had participated in various social programs within the past 3 months. The overall rates of participation by Kentucky families are provided in Table 7-4. Over two-thirds indicated that they received food stamps, just under half received AFDC, more than a third received WIC, about a third received social security disability, (84) and just under a fifth received a housing voucher. Overall, respondents indicated that they participated in an average of 2.1 of the 5 income support programs listed (s.d. = 1.36) and 82 percent of the sample participated in at least one of the five programs. (85) Differences in the rates of program participation were found for WIC and community mental health programs, with both programs showing higher rates of participation among the experimental group. Forty-eight percent of the experimental group reported WIC participation within the last 3 months compared to 34 percent of the control group (*p* = .01) and 16 percent of respondents in the experimental group reported participation in community mental health programs compared to 9 percent of respondents in the control group (*p* = .04). Reports of participation in alcoholism, drug treatment, marriage counseling, and job training programs were less than 10 percent for each. Slightly less than a third of the sample reported participation in Head Start or another pre-school program.

Table 7-4
Participation in Social Programs Prior to Initial Interview, Kentucky

Program	Percent %
Food Stamps	67
Job Training	7
WIC	41
AFDC	48
Housing Vouchers	18
Social Security Disability	36
Alcoholism Program	6
Drug Treatment Program	1
Marriage Counseling	5

Community Mental Health program	12
Head Start/Pre-school	30

7.3 The New Jersey Families

As in Kentucky, we describe the sample of New Jersey families based on information from our first interviews with caretakers (*n* = 328, 74% of the 442 net study cases). Again, we describe the sample as a whole, identifying the variables on which the experimental and control groups were statistically different.

Table 7-5 summarizes a number of characteristics of New Jersey caretakers and families. Most (88%) of the caretakers were women. The sample was about evenly divided between whites and African Americans. Forty-seven percent were white, 42 percent African American (not Hispanic), 9 percent Hispanic, and 2 percent other. On average there were 4.7 persons in these families, 1.8 adults and 2.9 children. The average age of the respondents was 39 (n = 324, s.d. = 10.8), the youngest child in the family was, on average, 7.1 years old (n = 328, s.d. = 5.4), and the oldest child in the family, 12.5 (n = 328, s.d. = 4.3). The distribution of the age of the youngest child was 15 percent under 1 year, 26 percent between 1 and 4, 37 percent between 5 and 12, and 23 percent 13 and over. The distribution of the age of the oldest child was 2 percent under 1 year, 5 percent 1 to 4, 30 percent between 5 and 12, and 63 percent 13 and over.

About 9 percent of the respondents had no high school education, 40 percent some high school, 26 percent high school graduation or a GED, 20 percent at least some college education, and 4 percent had special education or vocational schooling (0.9% were unknown). Thirty percent of the respondents were married, 34 percent divorced or separated, 6 percent widowed, and 30 percent never married. At the time of the first interview, 41 percent were employed, 18 percent reported that they were unemployed and looking for work, and 41 percent were unemployed and not looking for work. Two hundred ninety-one respondents provided information about their household incomes, with significant differences between the experimental and control groups (p = .03). Fewer control group cases were at the middle of the income spectrum. (86)

Most (71%) of the respondents were birth mothers, 10 percent were biological fathers, 11 percent grandmothers, and the rest were other relatives, including step-relatives. Four of the respondents were adoptive mothers and two were adoptive fathers. As to household composition at the time of the first interview, 34 percent of the families were headed by birth mothers with no other adults in the home, 27 percent had a birth mother and one male adult, 8 percent had the birth mother with other extended family, 9 percent were headed by a single father, and 17 percent had another relative caretaker (4% of the families did not fall into one of these categories). Forty-three percent reported that they were living with

Table 7-5
Description of the New Jersey Families at Time of Initial Interviews

	N	%
Gender of caretaker/respondent	328	
Male		12
Female		88
Race of caretaker/respondent	327	
African American (not Hispanic)		42
Caucasian (not Hispanic)		47
Hispanic		9
Other		2
Respondent's education level	325	
Elementary school or less		9.4
Some high school		40
High school graduate or obtained GED		26
College		20
Special education or vocational schooling		4.0
Respondent's marital status	328	
Married		30

Divorced		23
Separated		11
Widowed		6
Never married		30
Respondent's Relationship to youngest child	326	
Birth mother		71
Biological father		9.5
Grandmother		11
Other relative		8.3
Household composition	328	
Birth mother, no other adults		34
Birth mother & 1 male adult		27
Birth mother & extended family*		8.2
Biological father*		8.5
Other relative caretaker*		17
**		4.3
	N	**Mean**
Age of respondent	324	39.0
Age of youngest child	328	7.1
Age of oldest child	328	12.5
Number of children	328	2.9
Number of adults	328	1.8

*These categories may also include other non-related adults in the home.

**Includes: Nonrelative caretaker, adoptive or step-parent, birth mother & non-related females, or birth mother, and more than one non-related male.

a spouse or partner. Seventy percent of the respondents rented their homes. On none of these characteristics did the experimental and control groups differ significantly at the time of the first interview.(87)

Family Problems. Problems identified by New Jersey caretakers are summarized in Table 7-6. Emotional and financial problems were most often cited. Fifty-eight percent of the respondents said they had felt "blue or depressed," 52 percent said they felt nervous or tense, 56 percent were overwhelmed by work or family responsibilities, 33 percent said they had just wanted to give up sometime in the last month, and 27 percent said they had few or no friends. Over half (52%) responded affirmatively to the general question as to whether they experienced not having enough money for food or rent, and on more specific questions about difficulties paying bills, 29 percent said they had difficulty paying rent, 37 percent difficulty paying electric or heat bills, 30 percent difficulty buying food (on this item there was a significant difference between the groups, 26 percent of the experimental group vs. 36% of the control group, $p = .04$), and 45 percent difficulty buying clothes for their children. Few respondents reported problems in drinking or using drugs (only 0.9% said they "had too much to drink in the last week" and 0.9% said they used drugs several times in a week). Only 3 percent said they had gotten into trouble with the law. Most (93%) thought they were "doing a pretty good job raising [their] kids."

Table 7-7 shows problems of children identified by caretakers. About four-fifths of caretakers said at least one child in the family threw tantrums and about three-fourths said a child "gets upset easily." School problems were common; over 40 percent had been absent a lot or failed classes and nearly a third had been suspended. Aggressive behavior was common, 40 percent of caretakers said a child fights a lot with other kids and 56 percent said a child was very aggressive toward them.

Caretaker Abuse or Neglect as a Child. Twenty-eight percent of New Jersey caretakers reported having been abused as a child and 25 percent reported having been neglected. Twenty-one percent answered "yes" to both questions, and overall, 32 percent of the caretakers reported having been abused, neglected, or both as a child. Fourteen percent of the respondents had been in a foster home or institution. There was little difference between the experimental and control groups in these previous experiences.

Table 7-6
Caretaker Problems and Strengths, Caretaker Initial Interview, New Jersey (occurred in the past month)

Problems	Percent Responding Yes
Felt blue or depressed	58
Felt nervous or tense	52
Just wanted to give up	33
Overwhelmed with work or family responsibility	56
Felt you had few or no friends	27
Not enough money for food, rent, or clothing	52
Gotten in trouble with the law	3
Had too much to drink in a week	1
Used drugs several times a week	1
Economic Items	
Had difficulty paying rent	29
Had difficulty paying electric/heat	37
Had difficulty buying enough food	30
Had difficulty buying clothes	45
Positive Items	
Have you felt happy	80
Gotten together with anyone to have fun/relax	46
Doing a pretty good job raising kids	93

Table 7-7
Concerns and Problems Regarding Children, Caretaker Initial Interview, New Jersey(% responding yes regarding any child that the respondent cares for)

	New Jersey	
	N	%
Asked about all children...		
Child went through alcohol withdrawal at birth	315	5
Child went through drug withdrawal when born	315	6
Child doesn't show much interest in what is going on	321	20
Child is smaller/lighter than other children	326	14
Child get(s) upset easily	325	74
Asked for children over 3 months old...		
Is/are funny and makes you laugh	325	90
Like(s) to share things with others	321	80
Throw(s) tantrums	324	79
Is/are shy and withdrawn	325	33
Is/are outgoing and friendly	324	92
Is/are good looking	325	99
Fight(s) a lot with other kids	317	40
Has/have language problems	314	26
Asked for children over 4 years old...		
Is/are very aggressive toward you	304	56

Has/have a special talent in music	305	44
Like(s) animals	306	87
Is/are good at sports	302	69
Usually does the right thing	304	65
Hangs with friends you don't like	303	49
In the past 3 months, has any child you care for...		
Gone to church regularly	306	37
Been absent from school a lot	300	42
Run away from home overnight	304	26
Been temporarily suspended from school	303	32
Been expelled from school	303	9
Taken care of younger children	288	37
Took something that didn't belong	304	42
Absent from school/no good reason	301	27
Received special education at school	304	55
Failed any classes	294	41
Received counseling	304	66
Asked for any child over age 7...		
In the last 3 months, has any child been arrested	283	16
Asked only for children over age 10...		
Has child age 11 or older had alcohol problems	237	13
Has child age 11 or older had a drug problem	236	17
Has any girl age 12 to 18 been pregnant	160	4
Has any boy age 14 to 18 fathered a child	75	3

Previous Allegations and Placement. Of the 434 New Jersey families for which we had administrative data, 89 percent had an allegation of maltreatment prior to the date of referral to family preservation services. Sixty-four percent had a substantiated report of maltreatment prior the referral date. (88)

We have data for 369 cases on the type of allegation just before the last case opening before referral. Forty-two percent of the cases had allegations of physical abuse, 11 percent of lack of supervision, 20 percent of other neglect, 5 percent of sexual abuse, and 5 percent of emotional abuse (cases could fall in more than one of these categories). In 22 percent of the cases, there was no abuse or neglect found before the case opening.

Similar to the analysis of Kentucky data, we examined reports of maltreatment before the allegation prior to the referral to family preservation services, as an indication of prior involvement with the child welfare system. Of the 386 families with allegations prior to referral, 205 (53%) had a substantiated report of maltreatment before that, indicating that about half of the families had previous involvement with the system.

As to substitute care placement, 191 children in 94 families had previously experienced placement. Eighteen of these children were in 5 adoptive homes and the referral to family preservation services was for the purpose of preserving the adoptive home. For the remaining 173 children, the average length of time between the end of the previous placement and random assignment was 53.5 months. The average length of time in that placement spell was 12.9 months. (89) Seventy percent of the first placements in the previous placement spell were foster family care, the remainder were residential treatment, shelter care, group homes, and institutions. There was a difference between the experimental groups in the previous placement experience of children, with control group children averaging 85 days and the experimental group children averaging 104 days (a nonsignificant difference).

Length of Time from Case Opening to Referral to Family Preservation. On 434 New Jersey cases for which we have administrative data, 13 cases were not open at the time of the referral to family preservation services. Two of these 13 cases were opened within 30 days after the referral, and two were opened within two to six months after the referral. The remaining nine cases had not been opened as of the last date of observation for these analyses (August 31, 1998). In 34 percent of the 421 cases open at the time of random assignment, the referral to family preservation services occurred within a month after case opening while in another 33 percent it came between two and six months after case opening. In 21 percent of the cases the referral occurred more than a year after case opening. The administrative data also recorded reports of maltreatment prior to random assignment for 386 families. In 37 percent of these cases, the report occurred in the month prior to referral, in another 28 percent it came between two and six months prior. In 25 percent the report occurred more than a year before referral.

Social Program Participation. Table 7-8 shows the rates of participation by New Jersey families in social programs. About half of the respondents reported having received food stamps; two-fifths, AFDC; a third, social security disability; and a fifth, WIC. About a third had been in a community mental health program and two-fifths had had children in Head Start or another pre-school program. Very few had been in alcohol or drug treatment or marriage counseling. The experimental and control groups differed significantly only with regard to job training, 2 percent of the control group and 8 percent of the experimental group had been in such a program (p = .01).

Table 7-8
Participation in Social Programs Prior to Initial Interview, New Jersey

Program	Percent
Food stamps	51
Job training	6
WIC	23
AFDC	43
Housing vouchers	16
Social security disability	31
Alcoholism program	7
Drug treatment program	6
Marriage counseling	3
Community mental health program	31
Head Start/pre-school	42

[Go To Contents]

7.4 The Tennessee Families

As with Kentucky and New Jersey, a description of the Tennessee families was compiled using information from the initial interviews with caretakers (*n* = 117, 80% of the 142 net study cases). In addition to the description of the sample as a whole, specific characteristics on which the experimental and control groups differ significantly are identified below.

Table 7-9 shows some of the characteristics of the caretakers and families in the Tennessee sample. Slightly more than 93 percent of the respondents were women. Eighty-three percent of the sample was African American (not Hispanic), 15 percent Caucasian, and 1 percent Hispanic. Nine percent of the sample had less than a high school education, 46 percent some high school, 18 percent high school graduation or GED, 22 percent at least some college education, and 4 percent had special education or vocational schooling. Over half the sample (54%) had never been married, 3 percent widowed, 14 percent separated, 13 percent divorced, and 17 percent were married. At the time of the initial interview, approximately 40 percent of the respondents were employed, 24 percent reported they were unemployed and looking for work, and 36 percent reported they were unemployed and not looking for work. Information about household income was provided by 115 of the respondents. Thirty-eight percent reported an income less than \$5,000, 24 percent reported between \$5,000 and \$10,000, 23 percent reported between \$10,000 and \$20,000, 11 percent reported between \$20,000 and \$40,000, and 3 percent reported an income of \$40,000 or more.

There was an average of 4.9 persons in the families, 1.6 adults and 3.3 children. The average age of the respondents was 33 (*n* = 116, s.d. = 8.5). The age of the youngest child in the family ranged from birth to 17 years with an average of 4.0 years (*n* = 117, s.d. = 4.2); 33 percent were under the age of one, 25 percent were between 1 and 4, 38 percent between 5 and 12, and 3.6 percent 13 and over. The age of the oldest child in the family ranged from birth to 17 years with an average of 10.8 years (n = 117, s.d. = 4.8); 4.3 percent were under the age of one, 6.1 percent were between 1 and 4 years, 46 percent between 5 and 12 years, and 44 percent 13 years and over.

When asked about their relationship to the youngest child in the home, 84 percent of the respondents reported they were birth mothers, 6 percent were biological fathers, 4.3 percent were grandmothers, one respondent was an adoptive mother, and the rest were other relatives (including aunts, uncles, a sister, and a great grandmother). With respect to the household composition at the time of the first interview, exactly half of the sample was comprised of families headed by birth mothers with no other adult in the home, 21 percent had a birth mother and one male adult, 14 percent had a birth mother and extended family, 6 percent were headed by a biological father, and 9 percent had an other relative

Table 7-9

Description of the Tennessee Families at Time of Initial Interviews

	N	%
Gender of caretaker/respondent	117	
Male		6.8
Female		93.2
Race of caretaker/respondent	116	
African American (not Hispanic)		83
Caucasian (not Hispanic)		15
Hispanic		1
Other		0
Respondent's education level	116	
Elementary school or less		9
Some high school		46
High school graduate or obtained GED		18
College		22
Special education or vocational schooling		4
Respondent's marital status	117	
Married		17
Divorced		13
Separated		14
Widowed		3
Never married		54
Respondent's Relationship to youngest child	117	
Birth mother		84
Biological father		6
Grandmother		4.3
Other relative		5.1
Race of caretaker/respondent	117	
Birth mother, no other adults		50
Birth mother & 1 male adult		21
Birth mother & extended family*		14
Biological father*		6
Other relative caretaker*		9
**		1
	N	**Mean**
Age of respondent	116	32.5

Age of youngest child	117	4.0
Age of oldest child	117	10.8
Number of children	117	3.3
Number of adults	117	1.6

* These categories may also include other non-related adults in the home.

**Includes: nonrelative caretaker, adoptive or step-parent, birth mother & non-related females, or birth mother, and more than one non-related male.

caretaker (1% of the families did not fall into one of these categories). Thirty-one percent responded that they were living with a spouse or partner. Seventy-six percent reported that they rented their homes while 24 percent reported owning their home. While there were no statistically significant differences between the experimental and control groups, there was a marginally significant difference with respect to the proportion of respondents living with a spouse or partner. A larger proportion of the experimental group reported living with a spouse or partner (36% vs. 19%, $p = .06$).

Family Problems. Table 7-10 summarizes the problems and strengths identified by caretakers. When asked about emotional and financial problems within the last month, 61 percent of respondents said they felt "blue or depressed," 53 percent said they felt nervous or tense, 46 percent were overwhelmed with work or family responsibilities, 28 percent said they had just wanted to give up, and 24 percent said they felt they had few or no friends. Over half (56%) responded affirmatively to the general question of whether or not they experienced not having enough money for food or rent. On more specific questions about financial difficulties, 35 percent indicated having difficulty buying clothes, 26 percent buying enough food, 42 percent paying electric or heat bills, and 37 percent paying rent (on this last item, a significantly greater proportion of control group respondents answered affirmatively, 54% vs. 29%, p = .01). Less than 10 percent of the sample reported problems in drinking or using drugs (2.5% said they had too much to drink several times a week, and 7.7% reported using drugs several times a week). Only 4.3 percent had gotten in trouble with the law in the past month. Almost all respondents (97%) thought they were "doing a pretty good job raising their kids."

Table 7-10

Caretaker Problems and Strengths, Caretaker Initial Interview, Tennessee (occurred in the past month)

Problems	**Percent responding yes**
Felt blue or depressed	62
Felt nervous or tense	53
Just wanted to give up	28
Overwhelmed with work or family responsibility	46
Felt you had few or no friends	24
Not enough money for food, rent, or clothing	56
Gotten in trouble with the law	4
Had too much to drink in a week	3
Used drugs several times a week	8
Economic Items	
Had difficulty paying rent	37
Had difficulty paying electric/heat	42
Had difficulty buying enough food	26
Had difficulty buying clothes	35
Positive Items	
Have you felt happy	87
Gotten together with anyone to have fun/relax	56
Doing a pretty good job raising kids	97

Table 7-11 shows problems of children identified by caretakers. About two-thirds of caretakers said at least one child in the family threw tantrums and 60 percent said a child "gets upset easily." As in Kentucky and New Jersey, school problems were common; over a quarter had been absent a lot, nearly 40 percent had failed classes, and over 40 percent had been suspended.

Somewhat fewer children in Tennessee displayed aggressive behavior, 18 percent of the caretakers responded yes to the items "fights a lot with other kids" and "is very aggressive to you."

Table 7-11

Concerns and Problems Regarding Children, Caretaker Initial Interview, Tennessee (% responding yes regarding any child that the respondent cares for)

	Tennessee	
	N	%
Asked about all children...		
Child went through alcohol withdrawal at birth	105	5
Child went through drug withdrawal when born	105	5
Child doesn't show much interest in what is going on	111	29
Child is smaller/lighter than other children	114	19
Child get(s) upset easily	112	60
Asked for children over 3 months old...		
Is/are funny and makes you laugh	111	93
Like(s) to share things with others	110	86
Throw(s) tantrums	111	65
Is/are shy and withdrawn	108	30
Is/are outgoing and friendly	110	99
Is/are good looking	112	96
Fight(s) a lot with other kids	109	18
Has/have language problems	109	25
Asked for children over 4 years old...		
Is/are very aggressive toward you	104	18
Has/have a special talent in music	104	53
Like(s) animals	104	90
Is/are good at sports	104	72
Usually does the right thing	104	85
Hangs with friends you don't like	102	44
In the past 3 months, has any child you care for...		
Gone to church regularly	104	63
Been absent from school a lot	99	27
Run away from home overnight	98	21
Been temporarily suspended from school	96	42
Been expelled from school	96	16
Taken care of younger children	93	71
Took something that didn't belong	102	27
Absent from school/no good reason	96	18
Received special education at school	97	32
Failed any classes	98	38
Received counseling	96	39
Asked for any child over age 7...		
In the last 3 months, has any child been arrested	85	27
Asked only for children over age 10...		
Has child age 11 or older had alcohol problems	73	3

Has child age 11 or older had a drug problem	70	4
Has any girl age 12 to 18 been pregnant	41	2
Has any boy age 14 to 18 fathered a child	21	0

Caretaker Abuse or Neglect as a Child. Approximately 33 percent of Tennessee caretakers reported having been abused as a child and 25 percent reported having been neglected. Twenty-one percent responded "yes" to both questions, and overall, 38 percent reported having been abused, neglected, or both as a child. Twelve percent of the respondents reported having been in a foster home or institution as a child. There were no significant differences between experimental and control groups with respect to these previous experiences.

Previous Allegations and Placement. Of the 144 Tennessee families for which we had administrative data, 117 (81%) had an allegation of maltreatment prior to the date of referral to family preservation services. Sixty-seven percent had a substantiated report of maltreatment prior to the referral date.

We have data for 106 cases on the type of allegation just before the last case opening before referral. Seventy-six percent of the cases had allegations of physical abuse, 15 percent lack of supervision, 8 percent neglect, and 2 percent injury. The distribution of last substantiated allegation is 79 percent physical abuse, 12 percent lack of supervision, 8 percent neglect, and 1 percent injury.

Similar to the other states, we examined reports of maltreatment before the allegation prior to the referral to family preservation services, as an indication of prior involvement with the child welfare system. Of the 117 families with allegations prior to referral, 48 (41%) had a substantiated report of maltreatment before that, indicating that about two-fifths of the families had previous involvement with the system.

As to substitute care placement, according to the CORS administrative data, nine children in four families had previously experienced placement. The average length of time between the end of the previous placement and random assignment was 6.27 months. The average length of time in that placement spell was 16.47 months. Data on previous unpaid relative placements were not available.

Length of Time from Case Opening to Referral to Family Preservation. On 147 Tennessee cases for which we had administrative data on case openings, 36 cases were not open at the time of the referral to family preservation services. In 57 percent of the 111 cases open at the time of random assignment, the referral to family preservation services occurred within a month after case opening while in another 20 percent it came between two and six months after case opening. In 14 percent of the cases the referral occurred more than a year after case opening.

Social Program Participation. Table 7-12 shows the rates of participation by Tennessee families in social programs prior to the initial interview. Almost three-fourths of the respondents reported having

Table 7-12
Participation in Social Programs Prior to Initial Interview, Tennessee

Program	Percent %
Food stamps	72
Job training	5
WIC	43
AFDC	61
Housing vouchers	7
Social security disability	30
Alcoholism program	7
Drug treatment program	10
Marriage counseling	0
Community mental health program	15
Head Start/pre-school	38

received food stamps; 61 percent AFDC; 30 percent social security disability, and 43 percent WIC. Fifteen percent reported participation in a community mental health program, 10 percent in a drug treatment program, 7 percent in an alcoholism program, and 38 percent had children in Head Start or another pre-school program. None of the respondents reported participating in marriage counseling. Five percent of respondents said they had participated in job training, with marginally significant differences ($p = .06$) between the experimental group (3%) and the control group (11%).

[Go To Contents]

7.5 Summary

In all three states, most of the respondents to the first interview were women and birth mothers of the youngest child in the home. In Kentucky and New Jersey, a little over two-fifths of the respondents were African American, while in Tennessee, 83 percent were African American. In Kentucky, slightly more than half were Caucasian, compared to a little under half in New Jersey and only 15 percent in Tennessee. About half of the respondents in all three states had not graduated from high school. Half of the households in Tennessee were headed by a single birth mother, compared to 43 percent in Kentucky, and 34 percent in New Jersey. The average age of the respondents in Kentucky and Tennessee was about 32, while New Jersey respondents were older, an average of 39. Similar differences held for age of youngest child: an average of 4.0 in Tennessee, 4.6 in Kentucky, and 7.1 in New Jersey. The average number of children in the home was around 3 for all three states.

Approximately half of the respondents in Kentucky and New Jersey answered affirmatively to each of three questions about emotional difficulties: "feeling blue or depressed," "feeling nervous or tense," and "feeling overwhelmed with work or family responsibilities." In Tennessee, rates of reporting these difficulties were a little higher. Half or more of the respondents in all three states indicated that they did not have enough money for food, rent or clothing. Few respondents reported problems with drugs or alcohol. A third or two-fifths reported that they had been abused or neglected or both as a child.

About two-thirds of the respondents in New Jersey and Tennessee reported they participated in at least one of five income support programs: AFDC, food stamps, WIC, social security disability, and housing vouchers. In Kentucky, over 80 percent participated in one of these programs. In all three states, the rate of participation was less than 10 percent for each of the following programs: alcoholism treatment, drug treatment, marriage counseling, and job training. A third or two-fifths of the respondents indicated participation in Head Start or another pre-school program.

In Kentucky and New Jersey, about a fifth of the families had children who had previously been in a foster care placement. In Tennessee, only four families had children who had previously been placed.

The Target Group for Family Preservation Services. The families referred to family preservation services in Kentucky, New Jersey, and Tennessee had a variety of problems with a range of severity. Beyond that, they were a diverse group, varying in such things as family composition, ages of children, previous involvement in the child welfare system, and whether they were a foster care case at the time of referral to family preservation services. The question can be raised as to whether a single model can be expected to be appropriate across such a diverse caseload. Can one expect one approach to work as well with older as well as young children, with cases of abuse as well as chronic neglect and dependency, with cases new to the system as well as those with extensive prior involvement?

We may also inquire as to the extent to which the families served in these states are the families for which family preservation services are intended as outlined in the introduction to the chapter. There are two central elements usually found in specifications of the target group for family preservation: imminent risk of placement and the presence of crisis. The paradigmatic case is one in which an allegation of abuse or neglect has recently been made and the case is referred in the course of investigation of that harm. It is evident that many cases are not in this category, particularly in Kentucky and New Jersey. Some are dependency or parent-adolescent conflict cases. Many do not come from the investigative phase of a case but rather from "on-going" workers. Many do not appear to be in immediate crisis, as suggested by the fact that many cases were referred long after the latest reports of maltreatment and after the most recent case opening. Cases in Tennessee more often conformed to this model, although there were a number that did not.

It is true that family preservation services are often advocated in cases other than abuse and neglect (in fact, Homebuilders began in the context of adolescent mental health problems). Furthermore, the specifications of eligible cases, reviewed at the beginning of this chapter, suggest a fairly wide net, including cases referred from on-going workers. Behavioral Sciences Institute's own criteria for referral contain one item that seems to contradict the criterion of crisis: the requirement that other services have been tried and failed. Adhering to this requirement would tend to put off referral to family preservation beyond the time of immediate crisis.

Beyond ambiguities in the target group suggested by state policy and by Behavioral Sciences Institute, there are the observations of referring workers that they sometimes, even often, made referrals that did not meet the imminent risk criterion. Although a family might not have a child at risk of placement, they believed the family would benefit from the service, so found a way to refer it. The data presented in this chapter suggest that the imminent risk and crisis criteria were often not met. It appears that the target group for family preservation has been expanded beyond that originally intended, perhaps first by state policy and certainly by practice in the field. Such expansion of the target group is no doubt quite common for social programs. It is natural to attempt to provide a valued service, viewed as beneficial, to more and more cases.

But there is a reason for relatively narrow, carefully defined, target groups. Specification of the target group is closely intertwined with specification of the goals of a program (in family preservation programs, cases of imminent risk of placement are the target group for a service intended to prevent placement). Clarity of target group allows clarity of goals. Once the target group becomes broadened, there is the risk that goals will become muddied. Two problems may ensue: the service being provided may lose structure, definition, and focus; and it becomes more difficult to achieve demonstrable effects of the service.

So the group of families served by family preservation services in these states reveal a central tension: the urge to serve a wide range of families as against the desirability of maintaining program focus on well-defined groups. We have no ready solution to this conundrum, which may be inherent in large scale program implementation. We hasten to note that although we focus here on these three states, it is possible that most, if not all, states implementing family preservation programs face very similar issues.

Close of Volume One

As described earlier, this report is divided into three volumes. Volume One provided a description of the study implementation , description of each of the study sites, and a description of the families in the Homebuilders model sites. These chapters serve as the context for the analyses provided in Volume Two.

Volume Two provides an executive summary of the study, a study introduction/overview, an examination of services for the Homebuilders sites, outcome analysis for the Homebuilders sites, a description and analysis on the Philadelphia family preservation program, attrition analysis for the study, examination of family social support, investigating worker questionnaire analysis, staff questionnaire analysis, and study conclusions. All appendices referenced in both volumes can be found in Volume Three.

[Go To Contents]

Endnotes

73. Behavioral Sciences Institute, "Key elements of an appropriate referral," Behavioral Sciences Institute, Federal Way, Washington, 1992.

74. As discussed in Chapter 4 the remaining two levels of eligibility focus on reunifying children with their families after they have already been in placement less than 90 days or are about to return home within the next two weeks.

75. "s.d." = standard deviation.

76. When married, divorced, and separated categories are collapsed and compared to never married, a larger percentage of respondents in the experimental group were never married, 40 percent vs. 28 percent, *p* = .04 (8 widowed respondents and 1 not ascertained respondent are not included in these collapsed analyses).

77. When the 2 unemployed categories are collapsed and compared to the employed category, a larger percentage of respondents in the control group were employed at the time of the first interview, 43 percent vs. 33 percent, *p* = .12.

78.Though not a statistically significant difference, the average age of the oldest child was greater for control group families than for experimental group families, 10.31 years vs. 9.42 years, *p* = .13.

79. More of the experimental group respondents indicated difficulty buying clothes for their children, 35 percent vs. 27

percent, $p = .16$.

80. Experimental group caretakers were more likely to answer that a child or children they care for went through alcohol or drug withdrawal when born.

81. The state of Kentucky reports five possible outcomes for reports of maltreatment; (1) substantiated, (2) found/substantiated, (3) some indication, (4) unsubstantiated and (5) unable to locate. Substantiated and found/substantiated were collapsed to form a "substantiated" category.

82. Our analyses did not include children in placement at the time of random assignment.

83. Placement spells are defined as any consecutive period of time in substitute care and may consist of several distinct placements (i.e., several different foster homes).

84.The question on the interview was worded in terms of "social security disability." We intended this to refer to Supplemental Security Income.

85. The average number of income support programs used was slightly higher for the experimental group than for the control group, 2.21 vs. 1.98, $p = .13$.

86. Fifteen percent of control group respondents and 17 percent of experimental group respondents reported an income less than $5,000; 32 percnet control and 22 percent experimental reported between $5,000 and $10,000; 15 percent control and 31 percent experimental reported between $10,000 and $20,000; 24 percent control and 18 percent experimental reported between $20,000 and $40,000, and 14 percent control and 12 percent experimental reported an income of $40,000 or more.

87. Control group respondents more often lived with a spouse or partner, 43 percent vs. 35 percent, $p = .13$.

88. In the New Jersey administrative data, there are seven possible outcomes of investigations of maltreatment: abuse/neglect/injury confirmed perpetrator, abuse/neglect/injury unconfirmed perpetrator, abuse/neglect/injury perpetrator unknown, unsubstantiated incident, unsubstantiated incident with concern, incident never occurred, and no outcome. The data above concern only persons who were children at the time of random assignment. The administrative data also record information on previous allegations involving persons who are now adults. Seventy-four adults (persons 18 or over at the time of random assignment) from 51 families had been the subjects of previous substantiated reports of maltreatment.

89. By a "spell" we mean a period of time in placement, which may consist of one or more distinct placements in different foster homes or in other settings.

Where to?

Top of Page | Contents

Main Page of Report | Contents of Report

Home Pages:
Human Services Policy
Assistant Secretary for Planning and Evaluation (ASPE)
U.S. Department of Health and Human Services (HHS)

Evaluation of Family Preservation and Reunification Programs: Final Report: Volume 2: The Services

2. The Services

[Main Page of Report | Contents of Report]

Contents

- 2.1 Caseworker Activities
- 2.2 Social Program Participation
- 2.3 Caretakers' Reports of Services
- 2.4 Relationship with Caseworker
- 2.5 Caseworkers' Reports of Services
- 2.6 Summary of Services
- 2.7 Services During the Followup Period

Endnotes

In this chapter, we describe the services provided to families in both the family preservation and control groups in Kentucky, New Jersey, and Tennessee. Services in Philadelphia are described in Volume 2, Chapter 4. We are concerned with describing the experiences of these families in these programs and with making comparisons between the experimental and control groups. We must determine whether the experimental group received more services and more intense services in order to assess the extent to which the intended experimental conditions held. The interpretation of outcome information depends on a demonstration that experimental services were more extensive than "regular" services. We also attempt to compare the services received by the experimental group to the Homebuilders model, to get at questions of the extent to which the model was implemented. Finally, we describe how the families experienced these programs.

Most of the data come from the second interview with caretakers and caseworkers in which we asked questions about services offered and received during the period since random assignment and from the contact forms completed by workers serving both groups. In the followup interview a year after random assignment, caretakers were also asked about services received since the post-treatment interview and we report on analyses of those data at the end of this chapter. Comparisons were made between experimental and control group families as they were initially randomly assigned (the "primary analysis"). "Secondary" analyses, where violations of random assignment and cases receiving minimal service are dropped, were also performed. Tables showing secondary analyses are provided in Appendix H, Volume 3. In most cases, secondary analyses show similar results to those of the primary analyses. Differences are highlighted in footnotes to the following text.

[Go To Contents]

2.1 Caseworker Activities

Caretakers were asked to indicate whether the caseworker provided help with a number of specific problems. Table 2-1 shows the number of affirmative responses in each group.

Kentucky. According to caretakers, the most common activities in which workers engaged were discussing discipline and anger management and telling caretakers about other agencies that offer services. On the 19 items on which caretakers were questioned, never did the control group workers reportedly engage in an activity more than the experimental group

Table 2-1
Caretaker Reports of Caseworker Activities, Post-Treatment Interview

	Kentucky			New Jersey			Tennessee		
	C	E		C	E		C	E	
	%	%	p	%	%	p	%	%	p
Caseworker helped with money for rent/elect./phone	3	17	0.001	5	4		5	10	
Caseworker helped with money for other things	9	35	0.001	10	14		11	19	

Caseworker provided transportation	16	42	0.001	12	25	0.003	19	34	0.1
Caseworker discussed proper feeding of child	14	20		5	11	0.06	16	28	
Caseworker talked with you about discipline	35	55	0.001	39	60	0.001	46	70	0.01
Caseworker talked with you on relations with spouse	16	18		8	14	0.09	11	34	0.01
Caseworker helped you clean house	2	6		2	5		11	9	
Caseworker helped with painting/house repairs	1	1		1	1		5	1	
Caseworker discussed how to get childcare	15	18		15	1		14	24	
Caseworker helped with welfare/food stamps	8	14		5	7		11	8	
Caseworker advised how to get medical care	12	16		14	13		22	20	
Caseworker talked with you how to handle anger	28	43	0.005	29	53	0.001	42	70	0.004
Caseworker advised you on substance abuse	3	7		11	12		11	18	
Caseworker discussed with you how to get a better place	11	15		12	6	0.06	11	19	
Caseworker advised on job training programs	9	19	0.009	7	10		8	16	
Caseworker talked about how to get a paying job	6	17	0.004	5	8		11	18	
Caseworker advised on how to continue school	9	18	0.04	5	8		14	23	
Caseworker arranged for some childcare	1	3		5	7		6	13	
Caseworker told you about other agencies	38	43		42	56	0.01	19	33	
Note: C = Control Group, E = Experimental Group									

workers. In the primary analysis, for 7 of the 19 items, experimental group workers reportedly engaged in the activity significantly more often than control group workers (all at p = .01 or less). One additional item showed significant differences in the same direction at p = .05 or lower.(10) A total count of the number of these 19 caseworker activities reported by caretakers also shows significant differences between the experimental and control groups. Caretakers in the experimental group reported an average of 3.9 caseworker activities (n = 148) while caretakers in the control group reported an average of 2.2 caseworker activities (n = 146, p = .001).(11) Caretakers were asked which of the caseworker activities were especially helpful. Experimental group caretakers judged significantly more activities to be helpful than did control group caretakers (1.7 vs. 1.0, p = .001). The services most often cited as helpful by experimental group caretakers were, in order, "the caseworker talked with you about discipline," "the caseworker talked with you about how to handle anger," "the caseworker told you about other agencies," and "the caseworker helped you with money for other things [other than rent, electricity, or phone]." For control group caretakers the most often cited helpful items were "the caseworker told you about other agencies," "the caseworker talking with you about discipline," and "the caseworker talked with you about how to anger."

New Jersey. The most common activities of workers (according to the caretakers) were discussions of discipline and the handling of anger and referrals to other agencies. In the primary analysis, in 2 of the 19 items control group workers more often engaged in the activity (ignoring those items with 1% differences): discussing getting a better place to live (p = .055) and discussing child care (not significant). For 4 of the 19 items, experimental group workers significantly more often engaged in the activity: discussion of discipline, transportation, discussion of how to handle anger, and discussion of other agencies. A fifth item, discussion of proper feeding of the child, was nearly significant at p = .06.

There were significant differences between the experimental and control groups in the average number of activities reported by caretakers, 3.25 for the experimental group (n = 210) and 2.31 for the control group (n = 134, p = .001).(12) When asked which of these activities were especially helpful, experimental group respondents judged significantly more activities to be helpful than did the control group respondents (1.97 vs. 1.11, p = .0001). The items cited most often as helpful were remarkably similar to those in Kentucky. The services most often cited as helpful by experimental group caretakers were, in order, "the caseworker talked with you about discipline," "the caseworker talked with you about how to handle anger," "the caseworker told you about other agencies," "the caseworker provided transportation," and "the caseworker helped you with money for other things [other than rent, electricity, or phone]." For control group caretakers the most often cited helpful items were exactly the same as in Kentucky: "the caseworker told you about other agencies," "the caseworker talking with you about discipline," and "the caseworker talked with you about how to handle anger."

Tennessee. Activities most often engaged in were similar to those in Kentucky and New Jersey: talk about discipline and talk about handling of anger. In 15 of the 19 items, experimental group workers were reported to have engaged in the activity more often than control group workers, although the differences were significant on only three of these items (talk about discipline, talk about handling anger, and talk about relations with spouse). For the four items control group workers more often engaged in, differences between the groups were small and not significant.

As in Kentucky and New Jersey, there was a significant difference between the groups in the average number of activities reported by caretakers, 4.6 for the experimental group (n = 80) vs. 2.89 for the control group (n = 37, p = .02).(13) Experimental group respondents also judged more activities as especially helpful, an average of 1.34 vs. .84 (p = .04). Again, the items cited most often as helpful were similar to those in Kentucky and New Jersey. Both the experimental and control groups most often listed talk about discipline, talk about how to handle anger, and transportation as most helpful, although experimental group respondents cited these activities far more often.

[Go To Contents]

2.2 Social Program Participation

In the second interview, at the completion of family preservation services for the experimental group, caretakers were asked about their participation in the same set of social programs they were asked about in the initial interview (see Volume 1, Chapter 7), except this time they were asked to report their participation since the time of the first interview (Table 2-2).

Table 2-2
Participation In Social Programs, Post-Treatment Interview

	Kentucky			New Jersey			Tennessee		
Program	C %	E %	p	C %	E %	p	C %	E %	p
Food stamps	60	66		51	48		65	64	
Job training	3	8	0.09	2	3		3	4	
WIC	32	45	0.02	22	20		51	41	
AFDC	47	49		38	40		49	50	
Housing vouchers	15	20		17	16		11	11	
Social security disability	39	34		32	28		22	36	
Alcoholism program	5	5		5	5		5	6	
Drug treatment program	3	1		6	9		8	9	
Marriage counseling	0	7	0.006 (FE)	2	2		0	1	
Community mental health program	11	15		21	28		14	18	
Head Start/pre-school	26	21		33	32		25	38	

Note: "FE" indicates significance determined by Fisher's exact test.
C = Control Group, E = Experimental Group

Kentucky. The proportions of participation in social programs at post-treatment were remarkably similar to those at the initial interview for combined-group data. There was less than a 2 percent change in participation of most programs. Exceptions to this were a 2.6 percent decrease in participation in WIC services (from 41% to 38%), a 4 percent decrease in the proportion of respondents receiving food stamps (from 67% to 63%), and a 6.3 percent decrease for participation in Head Start or Pre-school programs (from 30% to 24%).

Looking at post-interview data in Table 2-2, there were significant differences in experimental and control group participation in the WIC program, with 45 percent of the experimental group reporting participation at the post-treatment interview (n = 148) compared to 32 percent of the control group (n = 146; p = .021). Differences between experimental and control groups were also found with respect to participation in job training and marriage counseling. For job training, 8 percent of the experimental group reported participation (n = 148) compared to 3 percent of the control group (n = 146; p = .085). Seven percent of the experimental group (n = 102) but none of the control group respondents (n = 105) reported participation in marriage counseling (Fisher's exact p = .006). No significant differences were found with respect to the total number of income support programs or treatment programs in which respondents participated since the time of the first interview.

New Jersey. As in Kentucky, the proportions of social program participation for combined groups at initial and post-treatment interviews were similar except for community mental health programs (26% in the second interview compared to 31% in the first for both groups combined) and using Head Start or another pre-school program (32% vs. 42%). There were no significant differences between the experimental and control groups. There were no significant differences between groups in the number of income support programs and treatment programs.

Tennessee. Participation in social programs at the post-treatment interview was similar to that at the initial interview for both groups combined except for declines in use of food stamps (from 72% to 64%), AFDC (from 61% to 50%) and head start/preschool (38% to 34%). There were no significant differences between the experimental and control groups in participation in any program post-treatment, nor were there significant differences in the average number of income support or treatment programs.

[Go To Contents]

2.3 Caretakers' Reports of Services

In the second interviews, caretakers were asked if they had received any of a set of specific services in the time since the first interview. Results are shown in Table 2-3.

Table 2-3
Caretaker Report of Services, Post-Treatment Interview

	Kentucky			New Jersey			Tennessee		
	C	E		C	E		C	E	
	%	%	p	%	%	p	%	%	p
Daycare	5	19	0.001	10	7		26	26	
Help in finding a place to live	1	4		5	2		17	5	0.04
Staying at an emergency shelter	1	1		2	1		6	0	0.03
Medical or dental care	8	15	0.07	36	42		34	16	0.03
Transportation	7	16	0.02	14	12		17	19	
Education services/GED	1	4		2	2		9	8	
Parent education/training classes	13	19		8	11		20	8	0.06
Legal services	7	11		11	7		9	5	
Counseling	35	52	0.003	50	56		9	17	
Respite care	1	1		0	1		0	0	
Homemaker services	1	3		6	3		14	3	0.02
A parent aide to help you	1	4		7	4		11	5	
Note: C = Control Group, E = Experimental Group									

Kentucky. A significantly greater proportion of caretakers from the experimental group reported receiving such services as day care (19% vs. 5%), transportation (16% vs. 7%), and counseling (52% vs. 35%). All were significant at p = .05 or less. Reported receipt of medical or dental care was also a higher for the experimental group than for the control group (15% vs. 8%, p = .07). [14] In a separate question, caretakers were asked whether the agency provided homemaker services or the assistance of parent aide. Approximately two percent of all caretakers reported having a homemaker and about three percent reported receiving assistance from a parent aide, with slightly greater but not significantly different percentages reported in the experimental group as compared to the control group. When caretakers were asked whether they did not receive any services they felt were needed, 27 percent of the control group responded affirmatively compared to 19 percent of the experimental group, a difference that was not statistically significant in either the primary or secondary analyses.

New Jersey. There were no significant differences between the experimental and control groups in receipt of any of these services in the primary analyses. [15] About 4 percent of the caretakers reported having a homemaker, with no significant difference between the experimental and control groups. Control group caretakers significantly more often reported they did not receive services that were needed (56% vs. 42%, p = .01).

Tennessee. On most of the services items, control group caretakers more often reported receiving the service, these differences being significant at .06 or lower for five of the items listed in Table 2-3. Experimental group percentages were higher for only two items, counseling (reported by far fewer caretakers in Tennessee than in Kentucky and New Jersey) and transportation, neither difference being significant. These rather surprising results, indicating more services for the control group, contradict data on caseworker activities presented above and

data from the Tennessee caseworkers (discussed in Section 2.5). Control group caretakers more often reported they did not receive services that were needed (39% vs. 24%, p = .1).

[Go To Contents]

2.4 Relationship with Caseworker

Table 2-4 shows results from a number of questions in which caretakers were asked about their relationships with caseworkers. In all three states, for most of these questions, caretakers in the experimental group rated their workers significantly more positively than did caretakers in the control group. A greater proportion of experimental group caretakers felt their workers listened to their concerns "most of the time" other responses were "some of the time" and "not very often." Also, a greater proportion of experimental group caretakers felt their workers understood their situation "very well" as compared to "not very well." A greater proportion of caretakers in the experimental group reported reaching agreement with their workers on goals "most of the time."

In all three states, experimental group caretakers significantly more often than control group caretakers reported that workers talked with them about problems that were not easy to talk about, helped caretakers to "see your problems" (p = .1 in Kentucky), and helped them see their good qualities. With regard to the frequency of contact with the workers, in Kentucky, approximately 20 percent of caretakers from both the experimental and control groups indicated they did not see their caseworkers often enough. A greater proportion of caretakers in the experimental group indicated they saw their workers "more often than [they] wanted" (18% vs. 9%) and a greater proportion of caretakers in the control group indicated they saw their workers "as often as [they] wanted" (70% vs. 62%). In New Jersey, a greater proportion of caretakers in the experimental group responded that they saw their workers "as often as [they] wanted" (59% vs. 43%) and a greater proportion of caretakers in the control group responded that they saw their workers "not often enough" (45% vs. 27%). In Tennessee, more experimental group caretakers said they saw their workers more often than they wanted (27% vs. 19%) and more control group caretakers said they did not see their workers often enough (36% vs. 25%), but the differences between the groups on this item were not significant. In none of the three states did the groups differ in the extent to which they called workers when they had problems.

[Go To Contents]

2.5 Caseworkers' Reports of Services

In the second interview, caseworkers were asked whether they had made referrals to any of 25 services, such as childcare, homemaker services, income programs, treatment programs of various sorts, and health care. Results from these 25 items are shown in Table 2-5.

Table 2-4
Caretakers' Reports on Relationship with Caseworker, Post-Treatment Interview

	Kentucky			New Jersey			Tennessee		
	C	E		C	E		C	E	
	%	%	p	%	%	p	%	%	p
Worker listened to your concerns most of the time	71	87	0.001	56	78	0.001	71	91	0.02
Worker understood your situation very well	75	90	0.002	62	79	0.001	64	81	0.09
You and worker agreed on goals most of the time	66	76	0.06	40	72	0.001	38	58	0.09
Did worker sometimes talk with you about issues that were not easy to talk about?	27	34		29	44	0.01	22	51	0.003
Caseworker helped you to see your good qualities	67	79	0.03	47	70	0.001	53	82	0.001
Caseworker helped you to see your problems	66	76	0.1	52	72	0.001	50	82	0.001

Did you see your caseworker			0.09			0.003			
More often than you wanted	9	18		12	14		19	27	
As often as you wanted	70	62		43	59		44	48	
Not often enough	21	20		45	27		36	25	
Note: C = Control Group, E = Experimental Group									

Table 2-5
Caseworkers' Report of Services Provided to Family, Post-treatment Interview

	Kentucky			New Jersey			Tennessee		
	C	E		C	E		C	E	
	%	%	p	%	%	p	%	%	p
Childcare or baby sitting	8.7	8.5		9.3	7.7		2.1	8.9	
AFDC or other public income (except SSI)	4.3	4.8		4.3	4		4.2	5.6	
SSI for adult or child	1.9	0.6		1.2	0.7		2.1	0	
Food stamps	2.5	6.1		4.3	3.3		4.2	6.7	
Drug treatment	3.8	4.2		11	5.5	0.05	0	10	0.03
Alcoholism treatment	3.8	2.4		8	5.5		0	6.7	0.09
Legal aid	3.7	7.9		1.8	4.8	0.08	0	5.6	
Help with education	13	22	0.03	14	26	0.001	4.2	15.6	0.05
Respite care	5	6.1		5.5	5.5		4.2	4.4	
Parent training	29	67	0.001	28	67	0.0001	31	68	0.001
Health care	12	22	0.02	15	18		8.3	22	0.04
Inpatient mental health	4.3	2.4		2.5	5.1	0.14	2.1	0	
Outpatient mental health/counseling	39	36		25	37	0.01	17	20	
Health assessment	13	24	0.01	17	21		13	13	
Housing financial assistance	3.7	12	0.005	5.5	4.8		0	5.6	
Other housing services	1.2	10	0.01	1.9	3.7		0	5.6	
W.I.C.	1.9	2.4		3.1	2.6		2.1	3.3	
Emergency financial assistance other than housing	5.6	33	0.001	18	22		6.3	23	0.01
Job training	0.6	1.8		1.2	2.2		0	5.6	
Emergency shelter	3.7	1.8		6.2	1.5	0.02	2.1	2.2	
Recreational services	7.5	24	0.001	11	23	0.001	4.2	21	0.008
Family planning	9.9	15		11	20	0.009	8.3	10	
Self help groups	10	3.6	0.02	4.3	8.8	0.056	2.1	8.9	
Household management	10	32	0.01	12	28	0.0001	17	29	
Homemaker services	3.7	13	0.003	6.8	1.5	0.01	8.3	3.3	
Other	9.3	16	0.08	15	16		17	14	
N	161	165		162	272		48	90	
Note: C = Control Group, E = Experimental Group									

Kentucky. Caseworkers for the experimental group reported that their clients were provided with an average of 3.7 of these services, while caseworkers from the control group reported their clients were provided with an average of 2.1 of these services (p = .0001).(16) In the primary analyses, 10 specific services were provided significantly more often to the experimental group than to the control group (significance levels were all at p = .05 or less). These services include help with education, parent training, recreation services, health care, health assessment, housing financial assistance, other housing assistance, emergency financial assistance, household management, and homemaker services. A greater proportion of caseworkers from the experimental group selected the unspecified category of "other" services provided (p = .08). One service, self help groups, was provided significantly more often to the control group than the experimental group (p = .02). (17)

New Jersey. Experimental group caseworkers reported that on average their clients were provided 3.5 of these services, while control group families were provided 2.4, a difference significant at .0001. (18) When individual services are examined, there were six services that were provided significantly more often to the experimental group (education services, parent training, outpatient mental health, recreational services, family planning, and household management). Three services were provided significantly more often to the control group: drug treatment, emergency shelter, and homemakers. (19)

Tennessee. Experimental group caseworkers reported providing an average of 3.2 services, compared with 1.6 for the control group, significantly different at .0002. (20) Six individual services were significantly more often provided to experimental group families (drug treatment, help with education, parent training, health care, emergency financial assistance, and recreational services). (21) No services were significantly more often provided to the control group.

Workers serving clients in both the experimental and control groups were asked to complete a one-page contact report following each in-person contact with a family member (see Appendix K, Volume 3). The report was a simple check-off form, asking about who was present in the visit and about the content of the conversation. Although these forms were quite simple and easy to fill out, it proved difficult to get workers to complete them. We implored workers who did not fill out these forms to do so, and we have at least one on a fair proportion of the cases. However, it is likely that for at least some cases on which we have forms that we do not have them for all of the contacts. We are unable to determine how many contacts occurred for which we have no forms. Furthermore, the quality of information may be affected by the fact that some of the forms were submitted after many calls from our office and after long delay. The following analyses were limited to those families with contact reports. Only "primary" analyses are reported for contact reports.

Some data on contact forms are presented in Table 2-6. Forms were received on between 71 percent and 91 percent of the experimental groups and between 51 percent and 71 percent of the control groups. It should be noted that the lower rate for control group cases is partially due to the fact that there was no contact in the four weeks after the date of random assignment, the period of time for which we requested contact forms for the control group (a period comparable to the 4 week period of services for the experimental group). On average, more contact forms were submitted for the experimental group than for the control group. In addition to the overall number of reports submitted, in all three states the experimental group received significantly more home visits, visits with caretakers, visits with the other parent, and visits with children. The experimental group workers were more likely to involve other adults in the family, non-family members, and other workers. As experimental group families received significantly more contacts than the control group families, they also received significantly more individual activities. For both experimental and control families, in all three states the most common concrete service was the provision of transportation. Purchasing food, child care, and providing clothing, furnishings, and supplies were also common forms of concrete services.

Table 2-6
Contact Forms

	Kentucky			New Jersey			Tennessee		
	C %	E %	p	C %	E %	p	C %	E %	p
Number of cases with at least one form submitted	111 (63%)	124 (71%)		119 (71%)	250 (91%)		25 (51%)	73 (74%)	
Average number of forms per case	3.1	13.8	.001	4.4	12.4	.001	2.5	9.5	.001
Average number of home visits	1.9	10.3	.001	3.6	10.8	.001	2.0	8.0	.001
Average number of visits with caretakers	2.4	12.8	.001	3.8	10.3	.001	2.2	8.2	.001
Average number of visits with the other parent	0.4	2.2	.001	0.6	1.9	.001	0.2	1.7	.01
Average number of visits with children	2.1	10.3	.001	3.6	9.4	.001	1.9	7.2	.001
Concrete Services									
Transportation	0.5	3.5	.001	0.9	2.3	.001	0.2	1.9	.001
Buying food	0.1	1.0	.001	0.4	0.8	.003	0.0	0.5	.01

Child care	0.3	0.4		0.2	1.0	.001	.04	.21	.03
Clothing, furnishings, and supplies	0.2	0.9	.001	0.2	0.6	.01	0.0	0.3	.01
Topics of Discussion									
Discipline of children	1.5	7.1	.001	2.2	6.0	.001	1.4	4.7	.001
Goals	1.8	6.0	.001	2.1	6.6	.001	1.8	4.2	.001
Caretaker's interaction with children	1.5	6.0	.001	2.2	5.7	.001	1.7	4.8	.001
Child's anger management	1.1	3.9	.001	1.6	4.8	.001	0.8	1.5	.06
Supervision of children	1.1	4.0	.001	1.4	2.9	.001	1.6	2.9	.001
Note: C = Control Group, E = Experimental Group									

The contact forms contained additional concrete services and topics of discussion (see Appendix K, Volume 3). Only those that were most often reported are shown here. Entries are average numbers of times per family that an item was reported, for those families with at least one form submitted.

Contact forms also captured general information about the topic of discussion, counseling, or instruction. In all three states, for both experimental and control families, the most common topics of discussion were the discipline of children, goals, and the caretaker's interaction with the children. Other common topics were the child's anger management and supervision of children.

Experimental Group Contacts. We examined further the contact forms for the experimental group to explore some issues in the adherence of programs to the Homebuilders model of service, subscribed to in all three states (see Table 2-7). In addition to other critical elements of family preservation, the Homebuilders model specifies that workers should provide an in-home contact within 72 hours of referral, and family preservation workers should be available seven days per week. Substantial contact should take place within the first week; Kinney, Haapala, and Booth suggest that the typical case receive 11 hours of service in that time. (22) Concrete services are also an important component of service, particularly early in the case.

In Kentucky, of the 124 experimental families with submitted contact forms, 55 (44%) received an in-home contact within 72 hours, 97 (78%) had contact in the first week. Those 97 families had an average of 5.1 hours of face-to-face contact in the first week. Regarding availability of worker, 18 (1%) of contacts occurred on either Saturday or Sunday. Finally, 34 (27%) of the experimental families received some type of concrete service within the first seven days.

Table 2-7
Experimental Group Contacts

	Kentucky		New Jersey		Tennessee	
	N	%	N	%	N	%
Number of families with contact data	124		250		73	
Total number of contact forms submitted	1713		308		690	
Contacts in week 1	280	16	753	24	169	25
Contacts in week 2	353	21	667	22	142	21
Contacts in week 3	322	19	601	19	133	19
Contacts in week 4	322	19	515	17	111	16
In-home contact within 72 hours	55	44	183	73	42	57
In-home contact with 7 days	97	78	219	88	53	73
Concrete service within 7 days	34	27	95	38	21	29

In New Jersey, of the 250 experimental families with submitted contact forms, 73 percent received an in-home contact within 72 hours, 219 (88%) in the first week, and those families had an average of 6.5 hours of face-to-face contact in the first week. Regarding availability of the worker, only 196 (6%) of submitted contacts occurred on Saturday or Sunday. Finally, 38 percent of the experimental families received some type of concrete service within the first seven days.

In Tennessee, of the 73 experimental families with submitted contact forms, 42 (57%) received an in-home contact within 72 hours, 53 (73%) had contact in the first week. We are able to calculate hours of contact for 45 of these 53 cases and these cases had an average of 8.3 hours of face-to-face contact in the first week. Regarding the availability of the worker, 60 (9%) contacts occurred on either Saturday or Sunday. Finally, 21 (29%) of the experimental families received some type of concrete service within the first seven days.

These data seem to indicate that some "structural" aspects of the Homebuilders model (contact within 72 hours of referral, amount of contact in the first week, services provided at all hours, including weekends, and concrete services early in the case) are not always upheld in these states. However, it is not possible to draw firm conclusions about this, because of issues in the quality of the contact form data discussed earlier.

[Go To Contents]

2.6 Summary of Services

In all three states, the caretaker interview, the caseworker interview, and the contact data generally confirmed the expectation that the experimental group would receive more services and more intensive services that the control group. An exception is the caretaker reports of services received in Tennessee. Table 2-8 shows a summary of those items on which there were significant differences between experimental and control groups on the primary analyses in any state.

In all three states, the number of experimental group caseworker activities reported by caretakers was greater than that reported by control group respondents, and this was also true of "helpful" caseworker activities. As for specific caseworker activities, experimental group workers in all three states were more likely to provide transportation, talk about discipline, and talk about how to handle anger. In all three states, the number of specific services received by experimental group families was greater than the number received by control group families. Contact from data confirmed that there was far more contact with experimental group families. The most common concrete service reported on contact forms was transportation; the most common topics of discussion were discipline of children, goals, and caretaker's interaction with children.

Table 2-8
Summary Of Services, Post-Treatment Interview

Caseworker Activities:	**Kentucky**			**New Jersey**			**Tennessee**		
	C	E		C	E		C	E	
Proportion of affirmative answers by caretakers to yes/no questions	%	%	*p*	%	%	*p*	%	%	*p*
Is caseworker still working with family	**79**	**64**	**0.006**	**75**	**31**	**0.001**	**57**	**34**	**0.02**
Caseworker helped with money for rent, electricity, phone	**3**	**17**	**0.001**	5	4		5	10	
Caseworker helped with money for other things	**9**	**35**	**0.001**	10	14		11	19	
Caseworker provided transportation	**16**	**42**	**0.001**	**12**	**25**	**0.003**	19	34	0.10
Caseworker discussed proper feeding of child	14	20		5	11	0.06	16	28	
Caseworker talked with you about discipline	**35**	**55**	**0.001**	**39**	**60**	**0.001**	**46**	**70**	**0.01**
Caseworker talked with you on relationship with spouse	16	18		8	14	0.09	**11**	**34**	**0.01**
Caseworker talked with you about how to handle anger	**28**	**43**	**0.005**	**29**	**53**	**0.001**	**42**	70	**0.004**
Caseworker told you about other agencies	**38**	**43**		**42**	**56**	**0.01**	19	33	
Caseworker advised on job training programs	**9**	**19**	**0.009**	7	10		8	16	
Caseworker talked about how to get paying job	**6**	**17**	**0.004**	5	8		11	18	
Caseworker advised on how to continue school	**9**	**18**	**0.04**	5	8		14	23	
Caseworker talked about uneasy issues	27	34		**29**	**44**	**0.008**	**22**	**51**	**0.003**
Caseworker helped you see good qualities	**67**	**79**	**0.03**	**47**	**70**	**0.001**	**53**	**82**	**0.001**
Caseworker helped you see your problem	66	76	0.10	**52**	**72**	**0.001**	**50**	**82**	**0.001**
Caseworker understood your situation	**75**	**90**	**0.002**	**62**	**79**	**0.001**	64	79	0.08

Note: C = Control Group, E = Experimental Group
This table only includes items with a primary analysis p-value less than .05 in at least one of the states; p-values greater

than .10 are not reported.
Items in bold indicate significant findings in favor of the experimental group whereas italicized items indicate significant findings in favor of the control group.

Table 2-8
Summary of Services, Post-treatment Interview (continued)

	Kentucky			**New Jersey**			**Tennessee**		
	C Mean	**E Mean**	**p**	**C Mean**	**E Mean**	**p**	**C Mean**	**E Mean**	**p**
CT report of # of caseworker activities	**2.18**	**3.90**	**0.0001**	**2.31**	**3.25**	**0.001**	**2.89**	**4.60**	**0.02**
CT report of # of "helpful" caseworker activities	**1.04**	**1.68**	**0.0001**	**1.11**	**1.97**	**0.0001**	**0.83**	**1.33**	**0.04**

C = Control Group, E = Experimental Group

Services Provided	**Kentucky**			**New Jersey**			**Tennessee**		
Proportion of affirmative answers by caretakers to yes/no questions	**C %**	**E %**	**p**	**C %**	**E %**	**p**	**C %**	**E %**	**p**
Anyone been in job training program	3	8	0.09	2	3		3	4	
Anyone been in WIC	**32**	**45**	**0.02**	22	20		51	41	
Been in a marriage counseling program	**0**	**7**	**0.006**	2	2		0	1	
Anyone receive daycare	**5**	**19**	**0.001**	10	7		26	26	
Anyone receive transportation	**7**	**16**	**0.02**	14	12		17	19	
Anyone receiving parent education/training	**13**	**19**		6	10		20	8	0.06
Anyone receive counseling	**35**	**52**	**0.003**	50	56		9	17	
Anyone receive help finding a place to live	1	4		5	2		17	5	0.04
Anyone stay at an emergency shelter	1	1		2	1		6	0	0.03
Anyone receive medical or dental care	8	15	0.07	36	42		34	16	0.03
Anyone receive homemaker services	1	3		6	3		14	3	0.02
Were any needed services not gotten	27	19		**56**	**42**	**0.01**	39	24	0.10
	Kentucky			**New Jersey**			**Tennessee**		
	C Mean	E Mean	p	C Mean	E Mean	p	C Mean	E Mean	p
Caseworker report of # of services provided	**3.16**	**4.99**	**0.001**	**2.31**	**3.17**	**0.001**	**1.58**	**3.19**	**0.0002**

Note: C = Control Group, E = Experimental Group
This table only includes items with a primary p-value less than .05 in at least one of the states; p-values greater than .10 are not reported.
Items in bold indicate significant findings in favor of the experimental group whereas italicized items indicate significant findings in favor of the control group.

It is of interest that transportation is a theme in a number of sources of information about services. We do not have information on where workers were transporting parents and children, but it is evident that needs for transportation are common in these families, needs that workers are able to respond to. This is a concrete service that provides immediate help and builds relationships. Furthermore, workers told us that they often use the time in the car to good advantage in discussing problems of the family.

The most common subject of counseling, interaction with children and in particular their discipline, reflect central problems in these families, problems of paramount concern to the child protective system. It is, therefore, not surprising that workers were focused on altering parent-child interaction patterns. Experimental group caseworkers in all three states were more often reported to have talked about difficult issues, to have helped the caretaker to see her/his good qualities and problems, and to have "understood your situation."

Insofar as there are differences between groups, we can be reasonably sure that the experimental conditions held. regarding adherence to the Homebuilders model are less clear cut. Families did not always receive contact within 72 hours, fewer than expected contacts occurred in the first week of the program, and few contacts occurred on weekends. There was relatively little provision of concrete services early on. These results are not entirely surprising. Social programs are never implemented precisely as they are designed. Perhaps the test of a program conception is that it achieves desired outcomes even when it is not implemented exactly as intended.

[Go To Contents]

2.7 Services During the Followup Period

When caretakers were interviewed a year after random assignment, they were asked some of the same questions about services received, this time since the last interview (since the end of family preservation services for the experimental group and during a comparable period for the control group). Tables 2-9, 2-10, and 2-11 show analyses of these questions.

Caseworker Activities. Caretaker reports of caseworker activities since the post-treatment interview are shown in Table 2-9. In all three states, the experimental group respondents reported more caseworker activities than did control group respondents. In Kentucky, there were five activities the experimental group caretakers significantly more often reported: help with money for rent, electricity, or phone; help with money for other things; transportation; advice on getting medical care; and information about other agencies. In New Jersey, there were two such activities, help in cleaning the house and talk about how to handle anger, with a third

Table 2-9
Caretaker Reports Of Caseworker Activities, Followup Interview

	Kentucky			New Jersey			Tennessee		
	C	E		C	E		C	E	
	%	%	p	%	%	p	%	%	p
Caseworker helped with money for rent/elect./phone	1	8	.008	4	5		8	13	
Caseworker helped with money for other things	8	16	.05	8	11		14	37	.01
Caseworker provided transportation	11	23	.01	11	18		17	42	.007
Caseworker discussed proper feeding of child	3	8		3	3		11	23	
Caseworker talked with you about discipline	24	32		24	34	.08	42	62	.05
Caseworker talked with you on relations with spouse	4	9		8	8		19	39	.04
Caseworker helped you clean house	1	1		0	5	.03 (FE)	8	10	
Caseworker helped with painting/house repairs	0	0		0	0		3	4	
Caseworker discussed how to get childcare	8	11		8	5		6	16	
Caseworker helped with welfare/food stamps	2	4		3	2		3	4	
Caseworker advised how to get medical care	2	9	.01	6	6		11	14	
Caseworker talked with you how to handle anger	24	33		16	28	.03	36	59	.02
Caseworker advised you on substance abuse	6	6		7	6		0	18	.009 (FE)
Caseworker discussed with you how to get a better place	8	8		7	4		11	18	
Caseworker advised on job training programs	7	9		4	3		8	15	
Caseworker talked about how to get a paying job	6	9		3	4		8	18	
Caseworker advised on how to continue school	5	6		5	4		17	22	
Caseworker arranged for some childcare	1	0		2	2		0	1	
Caseworker told you about other agencies	14	24	.05	30	41	.06	8	30	.01
Caseworker talked with you about family planning	9	16		5	7		6	7	

Note: "FE" indicates significance determined by Fisher's exact test
C = Control Group, E = Experimental Group

item nearly significant, information about other agencies (p = .06). In Tennessee, there were seven activities significantly more often reported by experimental group caretakers: help with money for other things, transportation, talk about discipline, advice on substance abuse, help with relations with spouse, talk about how to handle anger, and information about other agencies. Differences between the groups were not as great as those reported for the treatment period, as is to be expected, since the treatment did not continue during this period.

Participation in Social Programs. As indicated in Table 2-10, there were no significant differences between the experimental and control groups in any state in involvement in social programs during the post-treatment period.

Caretaker Report of Services. Table 2-11 indicates that there was only one service in the three states on which there was a significant difference between groups in receipt post-treatment; in Tennessee more control group respondents reported having a parent aide. In Kentucky and New Jersey, the proportions of the two groups receiving each service are remarkably similar. Control group families in Tennessee more often received a couple of other services, but the differences were not significant. For the most part, the superiority of the control group in Tennessee in receipt of services observed at the post-treatment interview dissipated at the time of the followup interview.

Summary of Post-treatment Services. A summary of the significant differences between experimental and control groups on report of services at the followup caretaker interview is shown in Table 2-12. In the questions about caseworker activities, there is some indication that experimental group families received more services during the post-treatment period. Since caretakers were asked about the period of time following the last interview, we assume that for experimental group respondents the activities were undertaken by workers other than family preservation workers, perhaps workers in the public agency or workers in other private agency programs to which they might have been referred. Hence, the data may be taken as indicating receipt of somewhat more services by the experimental group families after the end of family preservation services, in accordance with the goal of these programs to connect families with ongoing services. However, this finding was not confirmed by data on social programs or services. It is possible that the finding also reflects something that we have often heard from public agency workers working with family preservation programs, that the family preservation

Table 2-10
Participation In Social Programs, Followup Interview

	Kentucky			New Jersey			Tennessee		
	C %	E %	p	C %	E %	p	C %	E %	p
Food stamps	50	61	.10	49	45		56	54	
Job training	7	13	.10	10	5	.07	11	12	
WIC	24	31		21	18		28	34	
AFDC	34	39		37	39		31	34	
Housing vouchers	13	13		16	18		19	18	
Social security disability	32	32		27	27		19	36	.07
Alcoholism program	5	6		10	8		6	8	
Drug treatment program	3	4		10	11		3	9	
Marriage counseling	4	4		5	6		3	3	
Community mental health program	6	7		29	32		19	22	
Head Start/pre-school	29	35		41	45		50	60	
Note: C = Control Group, E = Experimental Group									

Table 2-11
Caretaker Report Of Services, Followup Interview

	Kentucky			New Jersey			Tennessee		
	C %	E %	p	C %	E %	P	C %	E %	p
Daycare	13	12		14	13		31	33	
Help in finding a place to live	2	2		2	2		14	5	

Staying at an emergency shelter	2	1		2	3		11	3	.09 (FE)
Medical or dental care	6	7		64	62		17	19	
Transportation	13	17		13	14		9	18	
Education services/GED	3	2		3	4		9	8	
Parent education/training classes	14	13		7	8		17	16	
Legal services	6	6		14	18		3	1	
Counseling	50	48		52	57		19	25	
Respite care	1	2		2	4		0	0	
Homemaker services	1	2		6	5		6	5	
A parent aide to help you	1	3		3	2		14	3	.04 (FE)
Family planning services	2	4		2	4		3	1	
Note: "FE" indicates significance determined by Fisher's exact test Control = Control Group, E = Experimental Group									

Table 2-12
Summary Of Services, Followup Interview

Caseworker Activities:	**Kentucky**			**New Jersey**			**Tennessee**		
Proportion of affirmative answers to yes/no questions	C %	E %	p	C %	E %	p	C %	E %	p
Caseworker helped with money for rent, electricity, phone	**1**	**8**	**.008**	4	5		8	13	
Caseworker helped with money for other things	**8**	**16**	**.05**	8	11		**14**	**37**	**.01**
Caseworker provided transportation	**11**	**23**	**.01**	11	18		**17**	**42**	**.007**
Caseworker talked with you about discipline	24	32		24	34	.08	**42**	**62**	**.05**
Caseworker talked with you on relationship with spouse	4	9		8	8		**19**	**39**	**.04**
Caseworker helped you clean house	1	1		**0**	**5**	**.03 (FE)**	8	10	
Caseworker talked with you about how to handle anger	24	33		**16**	**28**	**.03**	**36**	**59**	**.02**
Caseworker advised you on substance abuse	6	6		7	6		**0**	**18**	**.009 (FE)**
Caseworker told you about other agencies	**14**	**24**	**.05**	30	41	.06	**8**	**30**	**.01**

	Kentucky			**New Jersey**			**Tennessee**		
	C Mean	**E Mean**	**p**	**C Mean**	**E Mean**	**p**	**C Mean**	**E Mean**	**p**
CT report of # of caseworker activities	**.97**	**1.65**	**.01**	**1.0**	**1.3**		**1.6**	**3.3**	**.002**

Services Provided:	**Kentucky**			**New Jersey**			**Tennessee**		
Proportion of affirmative answers to yes/no questions	C %	E %	p	C %	E %	p	C %	E %	p
Anyone been in job training program	7	13	.10	10	5	.07	11	12	
Anyone receive a parent aide to help you	1	3		3	2		14	3	.04(FE)
Were any needed services not gotten	**22**	9	**.006**	48	38	.10	44	32	
Note: C = Control Group, E = Experimental Group. "FE" indicates significance determined by Fisher's exact test. Tables only include items with a primary p-value less than .05 in at least one of the states; p-values greater than .10 are not reported. Items in **bold** indicate significant findings in favor of the experimental group whereas italicized items indicate significant findings in favor of the control group.									

involvement gave them more information about the family and enabled them to plan better for services after family preservation.

[Go To Contents]

Endnotes

10. The results of the secondary analyses show slightly greater differences between the experimental and control groups. Here, 8 of the 19 items show significant differences in favor of the experimental group at p = .01 or lower, and an additional 2 items show significant differences in the same direction at p = .05 or lower. See Appendix H-1.

11. These differences were even larger when violations and minimal service cases were excluded from the analyses (4.7 vs. 2.1, ns of 138 and 109, p = .001).

12. Differences were even greater when the violations and minimal service cases were excluded (3.57 vs. 1.90, ns of 181 and 115, p = .0001).

13. In the secondary analysis, the experimental group had an average of 4.99 activities, compared to 2.88 for the control group.

14. When violations and minimal service cases are excluded from the analyses, the differences remained significant and most p-values decreased even further. The secondary analyses showed a significantly greater proportion of the experimental group caretakers report attendance at parent education classes (p = .04). See Appendix H-3.

15. In the secondary analysis (dropping violations and minimal service cases) there was a difference on one item: experimental group caretakers more often received counseling (59% vs. 46%, p = .03). See Appendix H-3.

16. When violations and minimal services cases were excluded, the difference between the groups was even larger (4.6 vs. 2.0, p = .0001).

17. In the secondary analyses, excluding violations and minimal service cases, 13 services were provided significantly more often to the experimental group than to the control group (again, significance levels were all at p = .05 or less). In addition to the 11 primary analysis items showing differences in favor of the experimental group (ten significant items plus the category of "other"), these were: food stamps (p = .01) , and family planning (p = .04). Again, in the secondary analyses, self-help groups was the only service provided significantly more often to the control group than the experimental group. See Appendix H-5.

18. The difference between groups was even larger when violations and minimal service cases were excluded: 3.8 vs. 2.0 (p < .0001).

19. Excluding violations and minimal service cases, only one service was provided significantly more often to the control group, emergency shelter, while nine services were significantly more often provided to the experimental group, the above six plus legal aid, emergency financial assistance, and self help groups.

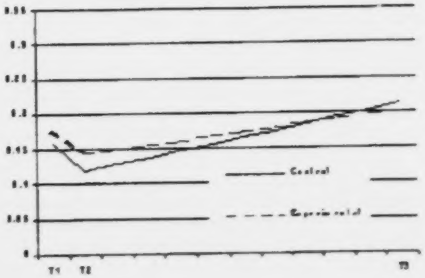
20. The difference between groups was even larger when violations and minimal service cases were excluded: 3.4 vs. 1.4 (p < .0001).

21. In the secondary analysis, there was one additional service provided significantly more often to the experimental group: household management.

22. Jill Kinney, David Haapala, and Charlotte Booth, (1991). Keeping Families Together: The Homebuilders Model, New York: Aldine de Gruyter.

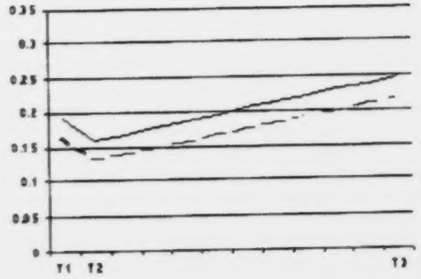
Where to?

Positive Life Events - Kentucky



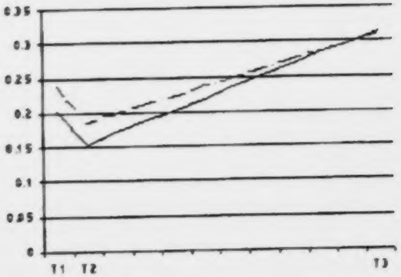
Time trend: $p = .001$; Group-time interaction: $p = .41$

Positive Life Events - New Jersey



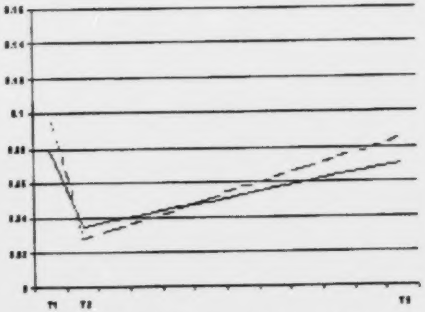
Time trend: $p = .001$; Group-time interaction: $p = .99$

Positive Life Events - Tennessee



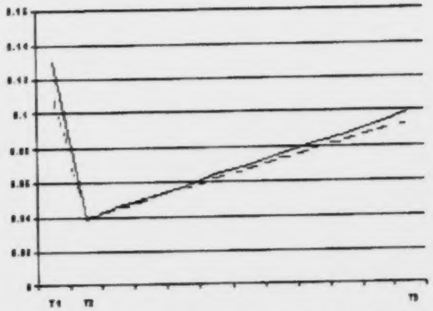
Time trend: $p = .001$; Group-time interaction: $p = .76$

Negative Life Events - Kentucky



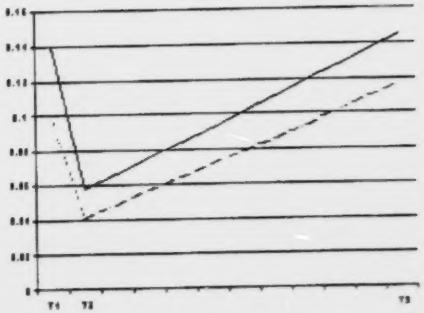
Time trend: $p = .001$; Group-time interaction: $p = .27$

Negative Life Events - New Jersey



Time trend: $p = .001$; Group-time interaction: $p = .49$

Negative Life Events - Tennessee



Time trend: $p = .001$; Group-time interaction: $p = .77$

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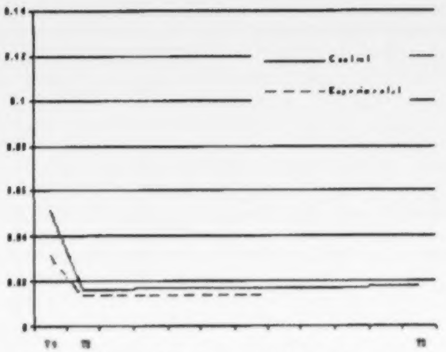
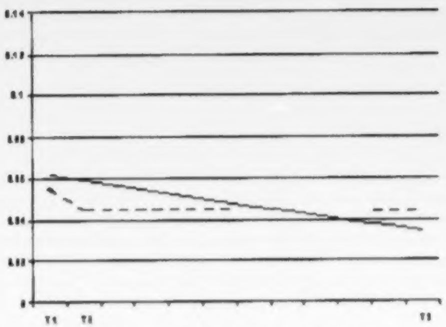


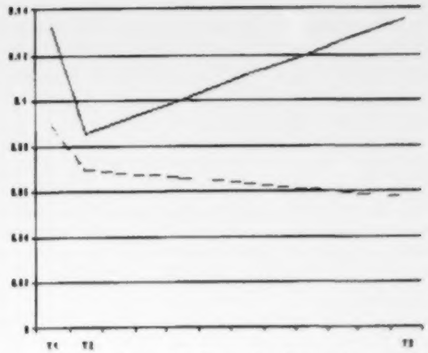
Household Condition - Kentucky

Time trend: $p = .002$; Group-time interaction: $p = .45$



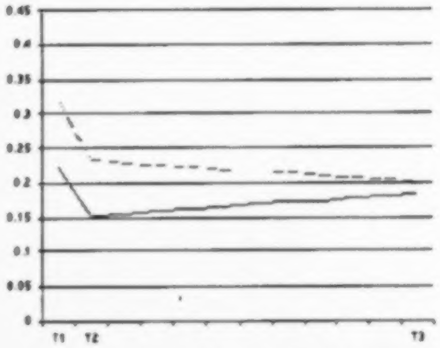
Household Condition - New Jersey

Time trend: $p = .05$; Group-time interaction: $p = .38$



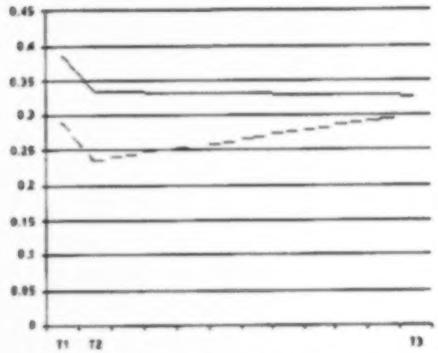
Household Condition - Tennessee

Time trend: $p = .28$; Group-time interaction: $p = .38$



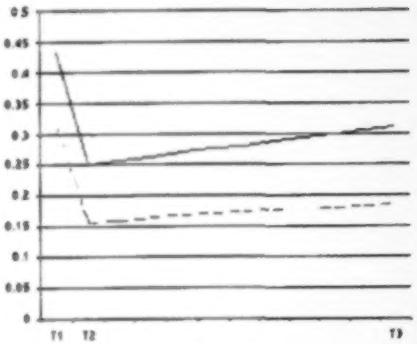
Paying Bills - Kentucky

Time trend: $p = .001$; Group-time interaction: $p = .27$



Paying Bills - New Jersey

Time trend: $p = .06$; Group-time interaction: $p = .31$



Paying Bills - Tennessee

Time trend: $p = .001$; Group-time interaction: $p = .86$

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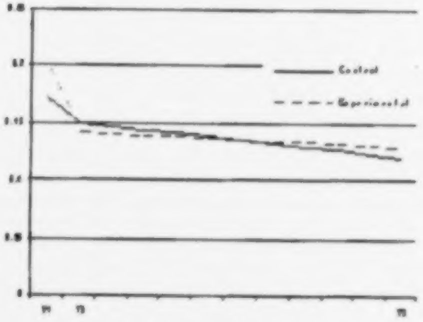
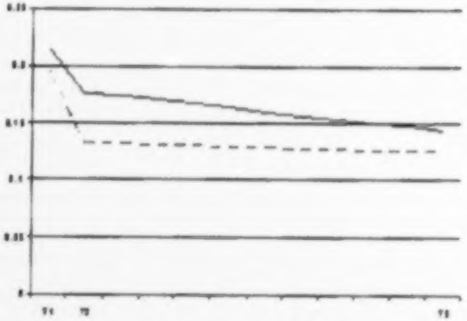
Negative Child Care Practices - Kentucky



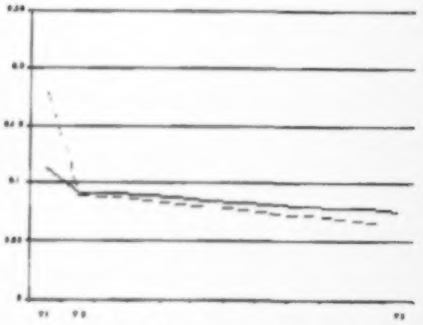
Time trend p = .001; Group-time interaction: p = .22

Negative Child Care Practices - New Jersey



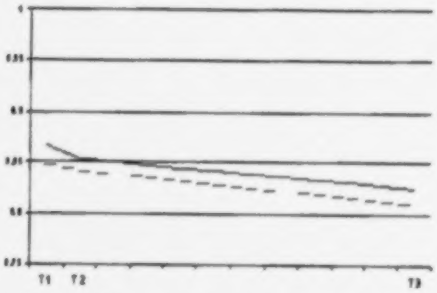
Time trend p = .001; Group-time interaction: p = .34

Negative Child Care Practices - Tennessee



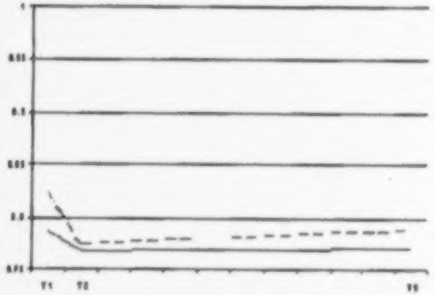
Time trend: p = .001; Group-time interaction: p = .09

Positive Child Care Practices - Kentucky



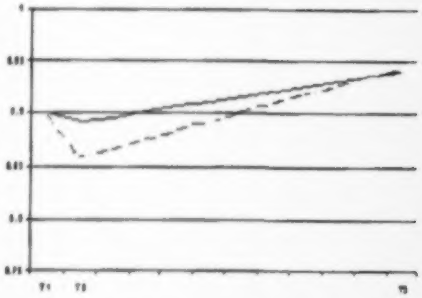
Time trend: p = .09; Group-time interaction: p = .97

Positive Child Care Practices - New Jersey



Time trend p = .001; Group-time interaction: p = .34

Positive Child Care Practices - Tennessee



Time trend: p = .05; Group-time interaction: p = .71

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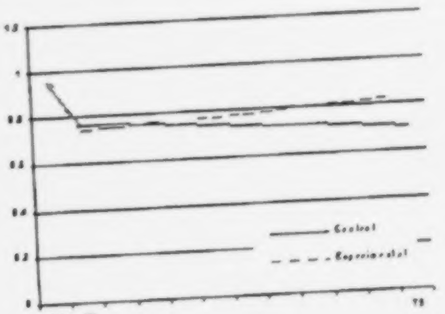
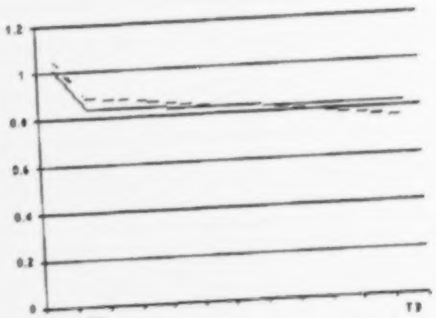
Caretaker Depression - Kentucky



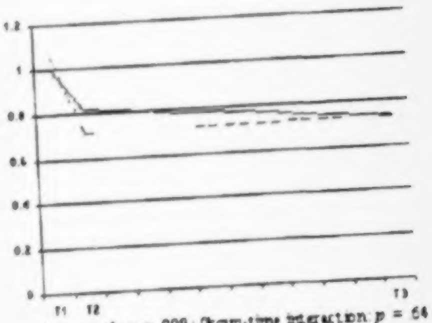
Time trend: $p = .001$; Group-time interaction: $p = .31$

Caretaker Depression - New Jersey



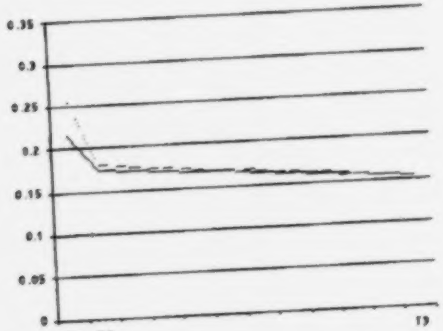
Time trend: $p = .001$; Group-time interaction: $p = .71$

Caretaker Depression - Tennessee



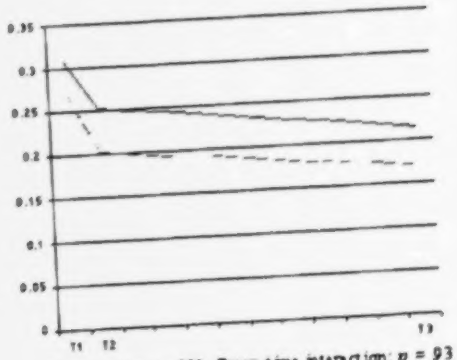
Time trend: $p = .008$; Group-time interaction: $p = .64$

Punishment - Kentucky



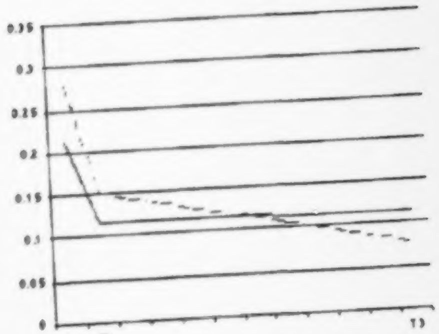
Time trend: $p = .001$; Group-time interaction: $p = .36$

Punishment - New Jersey



Time trend: $p = .001$; Group-time interaction: $p = .93$

Punishment - Tennessee



Time trend: $p = .001$; Group-time interaction: $p = .11$

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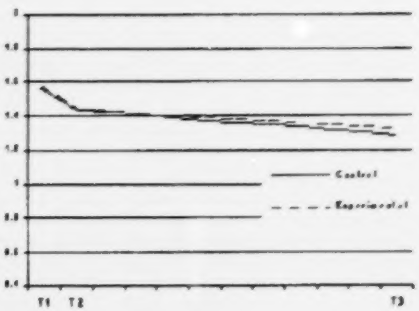
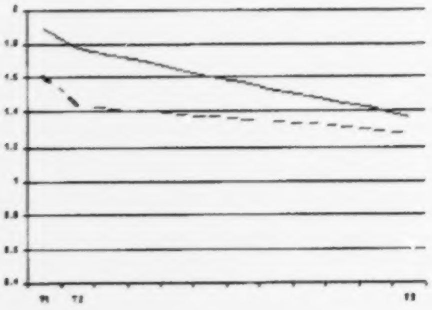
Child Aggression - Kentucky



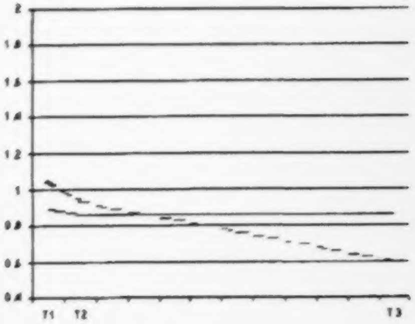
Time trend: $p = .001$; Group-time interaction: $p = .96$

Child Aggression - New Jersey



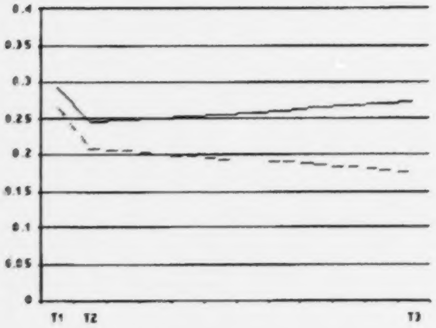
Time trend: $p = .001$; Group-time interaction: $p = .26$

Child Aggression - Tennessee



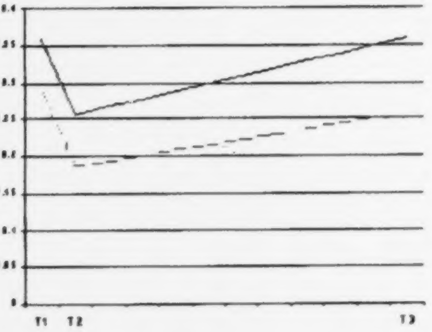
Time trend: $p = .11$; Group-time interaction: $p = .18$

School Problems - Kentucky



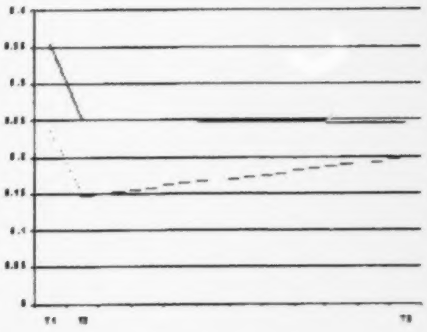
Time trend: $p = .029$; Group-time interaction: $p = .41$

School Problems - New Jersey



Time trend: $p = .001$; Group-time interaction: $p = .84$

School Problems - Tennessee



Time trend: $p = .003$; Group-time interaction: $p = .65$

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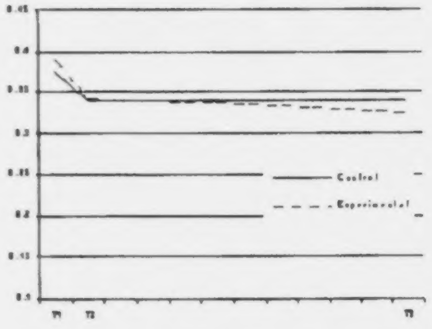
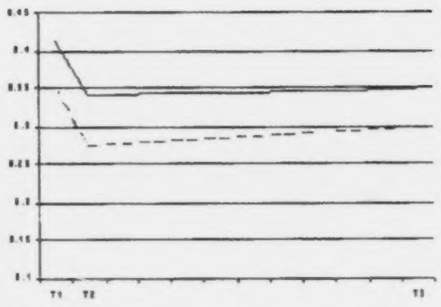
Negative Child Behaviors - Kentucky



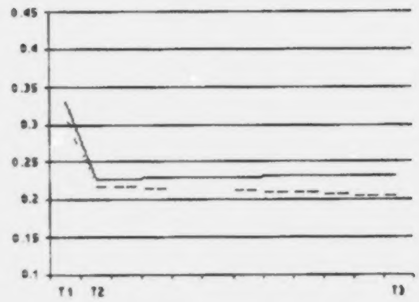
Time trend: p = .001; Group-time interaction: p = .47

Negative Child Behaviors - New Jersey



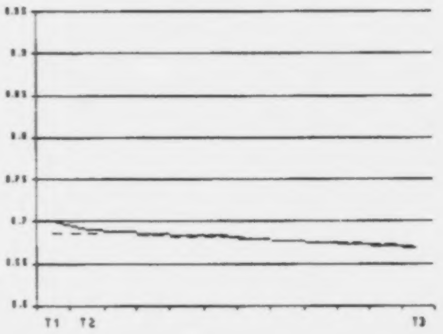
Time trend: p = .001; Group-time interaction: p = .84

Negative Child Behaviors - Tennessee



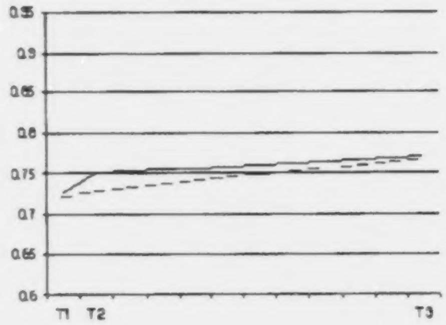
Time trend: p = .001; Group-time interaction: p = .81

Positive Child Behaviors - Kentucky



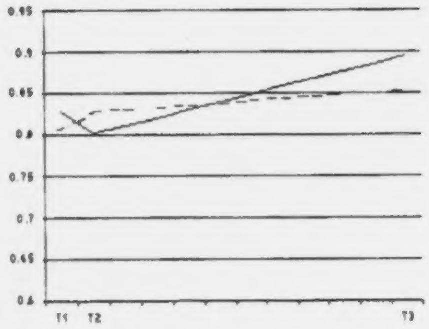
Time trend: p = .31; Group-time interaction: p = .84

Positive Child Behaviors - New Jersey



Time trend: p = .01; Group-time interaction: p = .69

Positive Child Behaviors - Tennessee



Time trend: p = .03; Group-time interaction: p = .26

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We report on the differences between the experimental and control groups as they were initially formed (the "primary analysis"). Results of the secondary analyses (dropping violations and minimal service cases) were usually similar. They are reported in footnotes when they were materially different.

We looked at a large number of differences between groups on functioning variables and as will be seen, some of these comparisons revealed statistically significant differences, usually favoring the experimental group. However, as will also be seen, the differences are not consistent across states or across time.

[Go To Contents]

3.7 Overall Assessment of Improvement by Caretakers

In the post-treatment interview, caretakers were asked about general changes in their families' lives since entering the study. Results are shown in Table 3-10 and 3-11. At post-treatment, in Kentucky and New Jersey, relative to control group caretakers, a significantly larger proportion of experimental group caretakers generally thought there was "great improvement" in their lives. This difference was significant in both the primary and secondary analyses. In the Tennessee secondary analysis, results tended in the same direction, though not significantly (p = .09). At followup, differences between the groups in Kentucky and New Jersey had nearly disappeared. In Tennessee, control group respondents more often thought there was "great improvement," although it was not a significant difference.

Table 3-10
Caretakers' Assessments Of Overall Change Since First Interview, Post-Treatment Interview

	Kentucky		New Jersey		Tennessee	
	Control %	Experimental %	Control %	Experimental %	Control %	Experimental %
Primary analysis:	p = .02		p = .001		p = n.s.	
Great improvement	16	22	9	16	32	32
Some improvement	31	42	41	52	32	42
Same	42	29	34	20	22	14
Somewhat or a great deal worse	12	6	16	12	14	13

Table 3-11
Caretakers' Assessments Of Overall Change Since Post-Treatment Interview, Followup Interview

	Kentucky		New Jersey		Tennessee	
	Control %	Experimental %	Control %	Experimental %	Control %	Experimental %
Primary analysis:	p = n.s.		p = n.s.		p = n.s.	
Great improvement	34	36	30	28	53	36
Some improvement	37	38	36	42	31	41
Same	18	16	17	16	8	15
Somewhat or a great deal worse	11	9	16	13	3	7

[Go To Contents]

3.8 Information from Caseworkers on Family and Child Functioning

The caseworker interviews also contained questions regarding child and family functioning, in an effort to provide another perspective on these issues. In interpreting caseworker reports, it should be noted that experimental group caseworkers were Homebuilders workers, while control group respondents were the public agency workers responsible for the cases at the time of the interview. It is likely that there are differences between these groups of caseworkers in the knowledge they have of the cases, since Homebuilders workers had much more intensive involvement and that involvement began before the first research interview. In addition, it may be that there are systematic differences in these groups of workers in the approaches they take to the assessment of family problems. Hence, interpretations of comparisons between responses of workers serving each of the groups must be made with caution.

3.8.1 Caretaker Functioning

Caseworkers were asked nine questions tapping various aspects of caretaker functioning on a five-point scale from 0 for not adequate to 4 for very adequate. Table 3-12 provides a list of these nine questions and a summary of the results from the initial and post-treatment interviews.

Kentucky. At the initial interview, significant or nearly significant differences were found on three items, with the experimental group scoring more adequate on average: ability to provide food ($p = .02$), responding patiently to child's questions ($p = .06$), and attending to children's health needs ($p = .08$). On a scale averaging the nine ratings for each case, the difference between means of the experimental and control groups approached significance, with the experimental group having a higher mean ($p = .06$). At post-treatment there were no significant differences in the primary analysis. However, in the secondary analysis, caretakers from the experimental group were rated higher (more adequate) than those from the control group with respect to whether they attended to the children's health needs ($p = .04$). As for the scale averaging the nine ratings, no differences were found between the experimental and

Table 3-12
Caseworkers' Assessments of Caretakers' Parental Functioning

Kentucky	Control		Experimental		
	N	Mean	N	Mean	p
Initial:					
Caretaker ability to provide food	130	2.68	114	2.96	0.02
Caretaker ability giving affection	132	2.63	125	2.82	
Caretaker respect for child's opinions	119	2.38	106	2.58	
Respond patiently to child's questions	122	2.16	110	2.44	0.06
Respond to child's emotional needs	137	2.15	122	2.35	
Provide learning opportunities	127	2.17	110	2.35	
Setting firm/consistent limits/rules	130	1.68	116	1.88	
Adequate supervisor/responsible childcare	140	2.14	123	2.39	0.10
Attending to children's health needs	135	2.76	114	3.00	0.08
Caretaker functioning, 9 items, average of nonmissing items, higher = better	118	2.25	102	2.48	0.06
Post-treatment:					
Caretaker ability to provide food	145	2.88	154	2.97	
Caretaker ability giving affection	147	2.82	157	2.81	
Caretaker respect for child's opinions	135	2.58	144	2.45	
Respond patiently to child's questions	138	2.43	148	2.34	
Respond to child's emotional needs	145	2.28	156	2.28	
Provide learning opportunities	144	2.38	154	2.42	
Setting firm/consistent limits/rules	145	2.09	150	1.99	
Adequate supervisor/responsible childcare	152	2.50	158	2.59	
Attending to children's health needs	150	2.93	157	3.08	
Caretaker functioning, 9 items, average of nonmissing items, higher=better	142	2.56	151	2.55	
Note: Scale for individual items: 0-4, where 0 = not adequate, 4 = very adequate					

New Jersey	Control		Experimental		
	N	Mean	N	Mean	p
Initial:					
Caretaker ability to provide food	119	3.24	224	3.20	
Caretaker ability giving affection	120	2.88	229	2.62	0.03

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Caretaker respect for child's opinions	118	2.42	219	2.32	
Respond patiently to child's questions	117	2.44	220	2.27	
Respond to child's emotional needs	118	2.37	228	2.23	
Provide learning opportunities	114	2.83	220	2.50	0.005
Setting firm/consistent limits/rules	126	2.11	228	1.93	
Adequate supervisor/responsible childcare	130	2.80	238	2.71	
Attending to children's health needs	125	3.34	214	3.17	
Caretaker functioning, 9 items, average of nonmissing items, higher = better	107	2.65	211	2.44	0.02
Post-treatment:					
Caretaker ability to provide food	137	3.36	246	3.34	
Caretaker ability giving affection	141	2.93	256	2.70	0.04
Caretaker respect for child's opinions	130	2.55	247	2.42	
Respond patiently to child's questions	140	2.51	248	2.37	
Respond to child's emotional needs	149	2.43	258	2.37	
Provide learning opportunities	137	2.89	247	2.60	0.01
Setting firm/consistent limits/rules	147	2.37	252	2.14	0.06
Adequate supervisor/responsible childcare	149	2.95	258	2.79	
Attending to children's health needs	148	3.35	252	3.25	
Caretaker functioning, 9 items, average of nonmissing items, higher=better	140	2.79	249	2.66	0.10
Note: Scale for individual items: 0-4, where 0 = not adequate, 4 = very adequate					

Table 3-12,
continued Caseworkers' Assessments of Caretakers' Parental Functioning

Tennessee	**Control**		**Experimental**		p
	N	**Mean**	**N**	**Mean**	
Initial:					
Caretaker ability to provide food	38	2.79	53	3.11	
Caretaker ability giving affection	42	2.76	60	2.92	
Caretaker respect for child's opinions	34	2.23	52	2.77	0.01
Respond patiently to child's questions	32	2.22	53	2.57	
Respond to child's emotional needs	40	2.05	59	2.47	0.04
Provide learning opportunities	39	2.64	56	2.55	
Setting firm/consistent limits/rules	36	2.33	57	2.01	
Adequate supervisor/responsible childcare	44	2.32	61	2.95	0.005
Attending to children's health needs	43	2.65	59	3.18	0.03
Caretaker functioning, 9 items, average of nonmissing items, higher = better	30	2.53	51	2.60	
Post-treatment:					
Caretaker ability to provide food	41	2.98	74	3.32	0.06
Caretaker ability giving affection	45	2.73	80	2.95	
Caretaker respect for child's opinions	40	2.35	74	2.84	0.01
Respond patiently to child's questions	38	2.26	76	2.67	0.04
Respond to child's emotional needs	42	2.26	81	2.59	0.06
Provide learning opportunities	44	2.64	78	2.64	
Setting firm/consistent limits/rules	43	2.04	79	2.38	

Adequate supervisor/responsible childcare	46	2.52	82	2.93	0.04
Attending to children's health needs	45	2.96	78	3.13	
Caretaker functioning, 9 items, average of nonmissing items, higher=better	42	2.51	77	2.82	0.04
Note: Scale for individual items: 0-4, where 0 = not adequate, 4 = very adequate					

control groups at post-treatment. Looking at change over time, on one item, respecting child's opinions, the ratings for the control group increased over time (.19 change), whereas the ratings for the experimental group decreased slightly over time (-.06 change), a difference that is significant (p = .05). The differences between groups in change on the overall scale averaging the nine ratings was not significant.

New Jersey. At the initial interview, on two items there were significant differences between the experimental and control groups, the control group scoring more adequate on average: caretaker's ability in giving affection (p = .03) and the caretaker's ability to provide learning opportunities (p = .005). On the scale averaging the nine ratings for each case, there was a significant difference between means of the experimental and control groups, the control group having a higher mean (p = .02). At post-treatment, the control group scored higher (more adequate functioning) on the same two items as before. On the scale of nine items the control group scored slightly higher, although the difference was nonsignificant. As to change over time, on one item ("respecting child's opinions"), the control group had, on average, more positive change than the experimental group. The difference in degree of change was significant at .05 (this result also held in the secondary analysis, p = .05). Differences between groups in change on the overall scale were not significant.

Tennessee. At the initial interview there were four items on which the groups were significantly different, the experimental group scoring higher on all four: caretaker respect for child's opinions (p = .01), response to child's emotional needs (p = .04), adequate supervision (p = .005), and attending to the child's health needs (p = .03). At post-treatment, five items had differences between groups significant at .06 or lower, all favoring the experimental group: caretaker ability to provide food, respect for child's opinions, response to child's emotional needs, adequate supervision, and respond patiently to child's questions. The average of all nine items was also significantly different for the groups. On one item, setting firm and consistent limits, there was a significant difference in the amount of change over time, the experimental group increased by an average of .31, while the control group declined by an average of .29 (p = .01). On the scale of nine items there was no significant difference between the groups in change over time.

3.8.2 Household Condition

As in the caretaker interview, we asked caseworkers about conditions in the home. Caseworkers were asked 13 yes-no questions, some positive and some negative. These items were combined in a scale which indicated that in Kentucky and New Jersey at post-treatment, control group families had, on average, a significantly better household condition than did experimental group families (Kentucky: p = .014; New Jersey: p = .02). In both states, for both groups the analysis of change over time indicated a slight improvement in the condition of the household. The difference between the experimental and control groups in change over time was not significant in either state. In Tennessee, there was no difference between groups at post-treatment or in change over time (both groups declined by .01).

3.8.3 Caretaker Problems

Caseworkers were asked a number of questions about problems experienced by children, caretakers, or other adult household members (question 19 on the initial caseworker interview, question 17 on the post-treatment caseworker interview). Twenty-one of these problems concerned the caretakers.

Kentucky. At post-treatment, in the primary analysis, caseworkers reported that the experimental group caretakers had, on average, 31 percent of the problems compared to 25 percent for the control group, a difference significant at p = .0005. (44) There were no significant differences in change in caretaker problems between the interviews in either the primary or secondary analyses.

New Jersey. At the post-treatment interview, on average, in the primary analysis caseworkers reported that experimental group caretakers had 23 percent of the problems compared to 21 percent of the control group, a nonsignificant difference. (45) There were no significant differences in change in caretaker problems between the interviews in either the primary or secondary analyses.

Tennessee. At post-treatment, caseworkers reported that experimental group caretakers had 18 percent of the problems compared to 21 percent of the control group, a nonsignificant difference. There was a significant difference between the groups in change over time, the experimental group improving more than the control group (-.08 vs. -.03, p = .05).

3.8.4 Child Problems

Twelve of the items on the caseworker problem inventory concerned the children. In Kentucky at post-treatment, the percentage of child problems for the experimental group was, on average, 27 percent compared to an average of 25 percent for the control group, a nonsignificant difference. (46) There were no significant differences in change in child problems between interviews in either the primary or secondary analyses.

In New Jersey at post-treatment, the average of the percentages of child problems was 25 percent for the experimental group and 27 percent for the control group, a nonsignificant difference. (47) There were no significant differences in change in child problems between interviews in either the primary or secondary analyses.

In Tennessee, the average percentages of child problems in the two groups at post-treatment were very close (18% for the control group, 19% for the experimental group). The difference between the groups in change over time was not significant.

[Go To Contents]

3.9 Predictors of Outcomes

We performed regression analyses on a number of family functioning outcomes measured at the post-treatment interview and at followup. The analyses were intended to control for the effects of a number of variables, thereby providing more sensitive tests of the effects of family preservation, and to examine the effects of the variables on the outcomes. The dependent variables in these analyses were some of the scales of functioning discussed above: caretaker depression, child aggression, punishment, child school problems, difficulty paying bills, positive life events, negative life events, positive child behaviors, negative child behaviors, household condition, positive child care practices, and negative child care practices. Independent variables in these analyses were assignment group (experimental or control), caretaker's age, caretaker's race, family composition, caretaker's educational attainment, caretaker's employment status, residential stability, use of income support programs, caretaker's history of abuse and/or neglect, regular access to an automobile, and time to interview (days between random assignment and post-treatment/followup interview). The analyses also included the initial scores for the dependent variable, thereby controlling the level at post-treatment or followup for the initial value. Interactions between control variables and experimental group were also examined, only a few were found to be significant. (48)

Caretaker's age, caretaker's race, family composition, caretaker's educational attainment, caretaker's employment status, use of income support programs, caretaker's history of abuse and/or neglect have all been examined in previous studies of outcomes in child welfare and have often been found to be predictive. Residential stability and regular access to a car have been less often examined. Since transportation and housing assistance are commonly provided in family preservation service models, the inclusion of such variables seems justifiable. Moreover, prior research does support a relationship between residential stability and major depression (49) and child adjustment. (50) Similarly, transportation (or lack there of) has been found to be related to participation in social programs (51) and family functioning. (52) We included time to interview because of the fact that that varied considerably and might have affected the degree of change that we were observing.

Regression analyses were conducted at the family level for both the post-treatment and followup measures. The coefficients are displayed in Table 3-13 and 3-14. All of the coefficients are shown for the initial measure of the outcome variable and for experimental group. Coefficients for other variables are shown if they were significant at p = .1 or lower. Most of the analyses are ordinary least squares regressions, logistic regressions were used for dichotomous or highly skewed variables. Generally, the initial measure was the strongest predictor. Although the size of these coefficients decreased between the post-treatment and followup interview, the majority of such coefficients remained significant. The positive direction of the coefficients indicates that caretakers with higher initial values also had higher post-treatment and followup values.

In regard to the post-treatment analyses, experimental group families generally had better outcomes, but the differences were significant in only three analyses. In New Jersey, the experimental group had lower depression scores and lower negative child care practices than the control group when controlled for the other independent variables. In the analysis without controlling for the other variables, the result for depression was in the same direction, but not significant (p = .08). The result for negative child care practices without the control variables was also in the same direction and significant (p = .02). In

Tennessee the experimental group had fewer negative life events in the regression analysis. The difference between groups in the uncontrolled analysis was not significant.(53) Three differences significantly in favor of the experimental group in the uncontrolled analyses were no longer significant in the regression analysis, all in New Jersey: caretaker use of punishment, negative life events, and positive child behaviors.

At the followup interview, the regression analysis indicates that family preservation clients had lower levels of child aggression in Tennessee, fewer school problems in Kentucky, and fewer problematic conditions in the home in Tennessee. There were no significant differences between groups in the uncontrolled comparisons.

Regarding the remaining independent variables, there was little consistency in whether or not a variable had an effect and even in the direction of the effect. The following discussion focuses on those variables significant at p = .05 or lower. At post-treatment, the variables that most often showed effects were education and the caretaker having a history of being maltreated.

Table 3-13

Regressions Of Post-Treatment Family And Child Functioning Scales (Regression Coefficients)

Dependent Measures	Initial Measure	Experim. Group Assignment	Care-taker Age	Single Mother	Ethnic Minority	Abuse Neglect History	Education	Employ-ment	Income Support	Access to Car	Housing Stability
Caretaker depression											
Kentucky^2	.596**	-.053	.083			.144**					
New Jersey^2	.690**	-.202**		-.048		.102*		-.170**			
Tennessee^2	.606**	-.064									
Child aggression											
Kentucky	.522**	-.051									
New Jersey	.589**	-.044				.101*		-.079			
Tennessee	.533**	-.004									
Punishment											
Kentucky^1	9.81**	1.16					2.02*				
New Jersey	.529**	-.079									
Tennessee	.281**	-.012									
Child school problems											
Kentucky	.539**	-.020	.111								
New Jersey	.381**	-.041						.107			
Tennessee	.654**	-.073									
Difficulty paying bills											
Kentucky	.608**	.023									
New Jersey	.632**	-.061					-.080			-.088	.107*
Tennessee	.513**	-.020		.155							.142
Positive life events											
Kentucky	.218**	.055					.160**	.124*			
New Jersey	.330**	-.074			-.108*			.104			
Tennessee	.330**	.020									

Negative life events												
Kentucky[1]	1.85*	.833				2.69**						
New Jersey	.278**	.008			.132*			.097				
Tennessee	.100	-.768**					-.290**		-.707**			
Positive child behaviors												
Kentucky	.489**	-.002	-.089					.120*				
New Jersey	.579**	-.032										
Tennessee	.525**	.098	-.187*									
Negative child behaviors												
Kentucky	.592**	-.012										
New Jersey	.581**	-.078										
Tennessee	.647**	-.016										
Household condition												
Kentucky[1]	9.01**	.961					.414*					
New Jersey[1]	5.66**	.744							2.01*			
Tennessee	.429**	-.004										
Positive child care												
Kentucky	.401**	-.041		.113*						.128*		
New Jersey	.566**	.007			-.081							
Tennessee	.575**	.069			.268**							
Negative child care												
Kentucky	.569**	-.078							-.115*			
New Jersey	.571**	-.119*	.083	.116*								
Tennessee	.371**	-.136										

1 Logistic regression, Exp (B) displayed

[2] Depression scores transformed using log transformation

* p < .05, ** p < .01. All coefficients for experimental group assignment and initial measure are shown, regardless of significance. All othe without stars are significant at .1.

Table 3-14
Regressions Of Followup Family And Child Functioning Scales (Regression Coefficients)

Dependent Measures	Initial Measure	Experim. Group Assignment	Care-taker Age	Single Mother	Ethnic Minority	Abuse Neglect History	Education	Employ-ment	Income Support	Access to Car	Housing Stability	I-
Caretaker depression												
Kentucky[2]	.552**	.068	.116*									
New Jersey[2]	.518**	-.051					-.124*					
Tennessee[2]	.443**	-.011										

Child aggression											
Kentucky	.363**	.022									
New Jersey	.417**	.031	-.120*								
Tennessee	.347**	-.226*									
Punishment											
Kentucky[1]	6.67**	.750									
New Jersey	.288**	-.085			-.126		-.108				
Tennessee	.271*	-.146									
Child school problems											
Kentucky	.254**	-.147*	.253**					.180**			
New Jersey	.272**	-.098									
Tennessee	451**	-.002					.290**				
Difficulty paying bills											
Kentucky	.396**	-.016					.127*				
New Jersey	.537**	-.001				.108*	-.108*				
Tennessee	.290**	-.132									
Positive life events											
Kentucky	.260**	-.044			.117		.227**				
New Jersey	.081	-.049	-.165*								
Tennessee	.261*	-.081						-.198		.304*	
Negative life events											
Kentucky[1]	1.71*	1.18									
New Jersey	.356**	.023			-.176**						
Tennessee	.116	-.127				.272*					
Positive child behaviors											
Kentucky	.250**	.028					.182**				
New Jersey	.294**	-.002					.165*				
Tennessee	.192	-.064	-.231*								.301**
Negative child behaviors											
Kentucky	.385**	-.058						.137*			
New Jersey	.404**	-.016			-.121*						
Tennessee	.344**	-.097									
Household condition											
Kentucky[1]	3.86*	1.38		.271							
New Jersey[1]	3.59**	1.40							2.51*		
Tennessee	.045	-1.24**	-.317								

Positive child care											
Kentucky	.370**	.014	-.193**					.133*			
New Jersey	.164*	.044	-.200**								
Tennessee	.110	-.056									
Negative child care											
Kentucky	.340**	.020									
New Jersey	.311**	-.050			-.135*			-.143*			
Tennessee	.195	-.085									

[1] Logistic Regression, Exp (B) displayed

[2] Depression scores transformed using log transformation

* $p < .05$, ** $p < .01$. All coefficients for experimental group assignment and initial measure are shown, regardless of significance. All othe without stars are significant at .1.

Caretaker education was related to three post-treatment outcomes in Kentucky. More education was associated with more punishment, more positive life events, and worse household condition. In Tennessee more education was related to fewer negative life events. In Kentucky, having a history of maltreatment was related to higher depression and more negative life events. In New Jersey, history of maltreatment was related to higher depression and children being more aggressive. Income support, ethnic minority, and caretaker employment all were predictors in 3 of the 36 post-treatment regressions. Time to interview was significant in only one of the regressions.

At followup, time to interview emerged as a predictor in 4 of the 36 regression equations, in all cases related to an increase (worsening). Other variables often related to outcome were caretaker age and education. In New Jersey, older caretakers had fewer positive life events and had children who were less aggressive. In Tennessee, older caretakers had children with fewer positive behaviors. In Kentucky, older caretakers had higher depression scores, less often engaged in positive child care practices, and had children with more school problems.

In New Jersey at followup, caretaker education was related to 3 outcomes. More education was related to lower depression, less difficulty paying bills, and more positive child behaviors. In Kentucky, more education was related to more difficulty paying bills, more positive life events, and more positive child behaviors. More education in Tennessee is related to more child school problems. In Kentucky, caretaker's employment is related to more negative child behaviors, more child school problems, and more positive child care practices. Caretaker employment in New Jersey is associated with fewer negative child care practices. Ethnic minority caretakers in New Jersey had fewer negative life events, engaged in fewer negative child care practices, and had children with fewer negative behaviors.

The 72 regression equations for post-treatment and followup contain a fair number of significant coefficients, but there is little consistency across states or across outcomes.

In summary, regression models were constructed to explore the relationship between caretaker demographic characteristics and experimental group and family functioning. Other than the initial value of the measures, relatively few significant relationships emerged. Moreover, these relationships were not consistent across the states. As to the effects of family preservation services, these data do not support a strong relationship between these services and better family functioning.

[Go To Contents]

3.10 Relationship of Placement and Subsequent Harm to Amount of Service

The preceding analysis focuses on differences between cases assigned to family preservation and the control group. But some cases in the experimental group received relatively low levels of service while cases in the control group may have received more services than usual. One can examine the relationship between the amount of service provided, regardless of whether the case is in the experimental or control group, and outcomes. In this analysis we measured level of service in two ways, both drawn from the post-treatment interview with the caretaker: the caretaker's report of the number of contacts with the worker and the caretaker's report of the number of caseworker activities. The relationship between these variables and placement and subsequent substantiated allegations of harm was examined through logistic regression, reported in Table 3-15. As can be seen in the table, there were no significant relationships between the level of service and these outcomes, all of the odds ratios for the predictive variables were quite close to one.

Table 3-15
Caregiver's Report Of Contact With Caseworker And Caseworker Activities As Predictors Of Subsequent Placement And Substantiated Maltreatment

	KY, NJ, TN		
	N	Exp(B)	p
Placement within 18 months and caseworker contact	749		
Constant		.39	
Number of times met with worker since last interview		1.000	.89
Number of placements within 18 months after random assignment date	208		
Placement within 18 months and caseworker activities	749		
Constant		.40	
Number of caseworker activities (as reported by caregiver)		.99	.68
Number of placements w/in 18 months after random assignment date	208		
Substantiated allegation within 18 months and caseworker contact	753		
Constant		.25	
Number of times met with worker since last interview		1.003	.12
Number of substantiated allegations 18 months after random assignment date	161		
Substantiated allegation within 18 months and caseworker activities	753		
Constant		.26	
Number of CW activities (as reported by caregiver)		1.01	.68
Number of substantiated allegations 18 months after random assignment date	161		

3.11 Matching of Services to Problems

The analysis to this point has examined the effects of services in an undifferentiated way, by looking at the relationship between the amount of services and outcomes, by either comparing the outcomes of the experimental and control groups or, in the last section, examining the relationship between amount of services as determined by the number of contacts and outcomes. But it is possible that the services provided were not responsive to the particular problems of families. To the extent that this is the case, it would explain the relatively small effects of services on outcomes. Furthermore, an examination of specific problems and specific services might reveal effects that are obscured in the global analyses presented thus far.

We explored this possibility in a limited way by looking at three prominent problems experienced by families in the study, financial difficulties, problems with discipline of children, and depression. After identifying families with these problems, we determined the extent to which services provided might have addressed these issues, the extent of "match" between problems and services provided. Finally, we determined whether there was a relationship between the extent of match of services and problems with outcomes. We conducted the analyses only on cases in the family preservation group in the three Homebuilders states for which we had interviews at the beginning and end of service and contact forms giving us information on services provided. We limited the sample to the Homebuilders group so as to look at the implementation of a particular, well defined model, thus limiting extraneous variance due to variation in approach. It was thought that within that group we would most likely find a match between problems and services. We also believed that the contact form data, on which this analysis depended, was more complete and of a higher quality for the experimental group. Furthermore, in general, control group cases did not receive a high enough volume of services to reveal a match.

We combined the samples from the three states, a total of 292 families with 886 children. Women were the caretakers in 89 percent of these families and the caretakers were, on average, 36 years old. Forty-eight percent were African American, 47 percent were white.

Economic problems were determined from responses on the caretaker interviews to questions about difficulties paying rent, paying electric and heating bills, buying food, and buying clothes for the children. Any family responding positively to any one of these four questions at the initial interview was classified as having economic problems (n = 157, 54%). The presence of disciplinary problems was determined from seven questions on the initial caretaker interview.(54) Again, if any one of these questions was answered affirmatively, the case was classified as having disciplinary problems (n = 221, 76%). Caretaker depression was determined from the SCL-90 depression scale. Individuals with scores higher than the median (determined separately for men and women) were categorized as having some problems with depression.

Services specific to particular problems were determined from the contact forms completed by family preservation caseworkers. Services responding to economic problems were providing emergency cash or paying bills; buying food; helping to find housing; providing clothing, furniture, or supplies; and discussions of money management. Services directed at disciplinary practices were discussions of discipline of children, child's anger management, dealing with violence in the family, caretaker interaction with the child, supervision of children, and child development. Services directed at caretaker depression were discussions of depression, other caretaker emotional problems, social skills, and adult companionship. The extent of service response to particular problems was calculated as the simple count of the number of times caseworkers checked a particular item on the contact forms submitted for the family.

There are a number of limitations in this procedure. First, we looked at only three problem areas, areas that we thought we could identify relatively easily. Further, the measurement of service response is clearly not ideal, service data were not constructed in a way that would make them straightforwardly parallel to problems, so the development of service measures in this analysis is quite post-hoc. In addition, obviously caseworkers may have chosen, for good reason, not to respond to a particular problem, perhaps because another problem was more pressing or more tractable, so that the failure to respond to a particular problem should not be viewed as an indication of the failure of casework in the case. There was also considerable overlap of these problems (83 families reported all three problems at the initial interview, 82 reported two of them, while 24 reported none of them). Despite these limitations, tendencies toward the matching of services and problems should show up in the data, though perhaps not as prominently as would have been the case had data collection been explicitly directed at exploring these issues.

To determine the match between problems and services, we calculated the average number of times a service was provided to cases with the problem (the number of contact forms recording the service) and compared that to the average number of times the service was provided to cases that did not have the problem. The results are shown in Table 3-16.

Families with economic problems significantly more often than families without such problems received three of the five services identified as responding to these problems. We conclude that there is moderate evidence of a match between problems and services in the economic area. Families with discipline problems received two of five services significantly more often than those without these problems, some indication of a match. As to depression, caseworkers significantly more often discussed depression with caretakers with high levels of depression than with those with lower levels. For the other three services identified as possibly responding to caretaker depression there were no significant differences. Discussion of "other caretaker emotional problems" occurred more often with those with higher levels of depression, although the difference is not significant. We conclude, therefore, that there is some match between problems and casework response, a match that might have shown itself more strongly had measurement of services been designed to reveal it.

Table 3-16
Match Of Services With Problems (Mean number of times service provided)

	Cases with the problem	Cases not having the problem
Economic problems, n =	157	134
Services:		
Emergency cash or paying bills	0.57**	0.23
Buying food	1.26**	0.63
Helping to find housing	0.37	0.36
Clothing, furniture, supplies	0.92	0.66
Money management discussion	2.05**	0.93

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Discipline problems, n =	221	68
Services, discussion of:		
Discipline of child	7.35**	5.08
Child anger management	4.98*	3.33
Family violence	2.53	1.73
Caretaker interaction with child	6.32	5.82
Supervision of children	3.45	3.76
Depression, n =	152	140
Services, discussion of:		
Caretaker depression	2.83**	1.43
Other caretaker emotional problems	2.37	1.80
Adult companionship	1.32	0.99
Social skills	2.42	2.85
* $p < .05$, ** $p < .01$.		

Effect of Match of Services to Problems on Outcomes.

We next attempted to determine whether, for cases experiencing each of the three problem categories, service responses specific to the problem made a difference in outcome. The outcomes we examined were improvements in the specific problem at the time of the post-treatment caretaker interview and subsequent placement and maltreatment. Because families in the experimental group were not randomly assigned to varying levels of specific kinds of services, it can be assumed that there are selection biases operating in determining levels of service. Hence, for the examination of effects on the level of the problem at the post-treatment interview, two-stage least squares techniques were used in which the provision of specific services was modeled in the first stage and the effects of services on outcomes were determined in the second stage. Demographic characteristics were included in both stages and the level of the problem at the initial interview was included in the second stage. A variable reflecting the caretaker's response in the post-treatment interview to a question on whether additional services were needed was also included in both stages. First stage instruments were chosen based on their prediction of levels of service and lack of association with the outcome variables. In all of the analyses the instruments were jointly significant in the prediction of levels of service.

We report here on the results of the second stage of these analyses, the determination of the effect of specific services on problem level at the post-treatment interview. For all three problems, as would be expected, the initial level of the problem was significantly and positively related to the post-treatment level. For the group experiencing economic problems, of the five services thought to respond to the problem, only one was significantly related to post-treatment problem levels, the provision of cash assistance was positively related to level of economic problems post-treatment. That is, the more cash assistance provided, the higher the levels of economic problems. It is likely that this seemingly contrary finding simply reflects the fact that families with considerable economic difficulties are more likely to get cash assistance but are also more likely to continue to experience those problems. The variable reflecting need for additional concrete services was also positively related to post-treatment levels of economic problems.

For the group with discipline problems, of the five services in the second stage equation, two were significantly related to the level of the problem at post-treatment. The higher the level of discussion of discipline of children, the lower the level of the problem while the greater the discussion of child anger management, the higher the level of the problem. For cases with above median levels of depression, two of the four services thought to respond to the problem were significantly related to level of the problem at post treatment. More discussion of depression in caseworker contacts was related to higher levels of depression post-treatment while more discussion of adult companionship was related to decreased post-treatment depression.

The sparseness of positive findings in this analysis leads us to conclude that there is little evidence here of positive effects of concrete or clinical services on these three problem areas.

To examine the effects of specific services on placement and maltreatment following entry into the study, hierarchical linear modeling was used in order to account for the fact that we have multiple children in some families and their outcomes are not independent.(55) To deal with selection issues, predicted values of services, determined from the first stage of the 2SLS analyses, were entered at level two (the family level) and these terms were used to determine the effects of services on outcomes. Again, separate analyses were done for each problem group.

For the economic difficulties subgroup, two of the five problem specific services were significantly and negatively related to the likelihood of subsequent maltreatment: provision of clothing/furniture/supplies and housing assistance. Cash assistance and provision of clothing/furniture/supplies were significantly and negatively related to the likelihood of subsequent placement. For families with problems in discipline of children, none of the six services were related to subsequent maltreatment, while discussions of violence in the family were related to a decrease in likelihood of placement and discussions of child anger management were related to an increase. In families in which the caretaker was measured as having higher than median levels of depression at the beginning of service, none of the problem specific services were related to subsequent maltreatment. However, discussion of depression was related to an increase in likelihood of placement while discussions of social skills and of companionship/friendship were related to a decrease in placement.

No consistent patterns emerge in the analysis of the effects of specific services on subsequent maltreatment and placement. There is some indication that within the economic problems group, services directed at these problems have some beneficial effects on these outcomes. Within the discipline problems and depression groups, results are mixed, some services are related to increases in subsequent maltreatment and placement while others are associated with decreases. No clear conclusions can be drawn.

[Go To Contents]

3.12 Summary of Outcome Data

Information from the caretaker interviews, the caseworker interviews, and the administrative data were analyzed for indications of differences between the experimental and control groups subsequent to the referral to the family preservation program. Tables 3-15 and 3-16 contain a summary of those outcomes on which we found significant differences between the experimental and control groups in any state for the primary analyses ($p < .05$). Items in bold are those on which the experimental group had better outcomes, those in italics are those on which the control group had better outcomes.

In none of the three states were there significant differences between the experimental and control groups on family level rates of placement or case closings. Subsequent maltreatment was generally not related to experimental group membership, except for one subgroup in Tennessee. In Tennessee, in those families with an allegation within 30 days prior to random assignment, the experimental group children experienced fewer substantiated allegations than children in the control group.

In Tables 3-17 and 3-18 there are a number of child and family functioning items in which the experimental group displayed better outcomes than the control group in one of the states. It should be noted that the results have not been adjusted for the multiplicity of significance tests performed. That is, these significant items surfaced out of a large number of items and scales examined. In such a situation it is to be expected that some items will show significant differences simply by chance, so the appearance of a few significant differences should not be taken as an indication of superiority of one group over another, particularly when the results are not confirmed in more than one state. On only two items were differences found in two states: caretakers' assessment of whether goals had been accomplished and their assessment of overall change. We are inclined to believe that family preservation programs as represented in these states do result in higher assessments by clients of the extent to which goals have been accomplished and of overall change, since differences on those items were found in both states. Beyond that, we are unable to claim consistent evidence of positive effects of family preservation services.(56)

Table 3-17
Summary Of Outcomes, Post-Treatment Interview

Caretaker Interview: Proportion of affirmative answers to yes/no questions									
	Kentucky			**New Jersey**			**Tennessee**		
	Control %	**Exp %**	**p**	**Control %**	**Exp %**	**p**	**Control %**	**Exp %**	**p**
Is apartment/house rented (vs. owned)	75	89	0.005	70	68		69	75	
Got together with anyone to have fun	64	64		65	59		**38**	**75**	**0.001**
Felt had few or no friends	14	18		20	18		**38**	**19**	**0.03**
Had difficulty buying clothes	17	21		**47**	**33**	**0.008**	27	24	
Out of control when punishing child	24	24		**40**	**30**	**0.05**	11	12	

Punished for not finishing food	7	1	**0.02**	6	5		0	0	
Unable to find someone to watch child	9	12		**21**	**12**	**0.04**	20	27	
Encouraged child to read a book	92	90		**82**	**91**	**0.02**	94	96	
Have goals been accomplished	**63**	77	**0.02**	52	71	**0.001**	81	84	
Assessment of overall change:			**0.02**			**0.001**			
Great improvement	**16**	**22**		9	**16**		**32**	32	
Some improvement	**31**	**42**		41	**52**		32	42	
Same	**42**	**29**		34	**20**		22	14	
Somewhat or a great deal worse	**12**	**6**		**16**	**12**		14	13	
Caretaker Scales:									
Difficulty paying bills (proportion of 4 items)	0.17	0.22		**0.34**	**0.25**	**0.02**	0.25	0.18	
Negative child care practices (proportion of 10 items)	0.14	.0.13		**0.18**	**0.14**	**0.02**	0.09	0.09	
Punishment (proportion of 5 items)	0.16	0.17		**0.25**	**0.20**	**0.04**	0.13	0.13	
Negative child behaviors (proportion of 21 items)	0.34	0.34		**0.33**	**0.28**	**0.04**	0.21	0.21	
Change in proportion of punishment items from initial to post-treatment interviews	**-0.04**	**-0.09**	**0.05**	-0.05	-0.07		-0.07	-0.13	
Change in proportion of negative child care practices from Initial to post-treatment interviews	**-0.02**	**-0.06**	**0.04**	-0.04	-0.05		**-0.01**	**-0.08**	**0.02**
Ability giving affection (higher = more adequate)	2.83	2.83		2.93	2.70	0.04	2.73	2.95	
Providing learning opportunities for child (higher = more adequate)	2.38	2.42		2.89	2.60	0.008	2.64	2.64	
Respecting child's opinions (higher = more adequate)	2.58	2.45		2.55	2.42		**2.35**	**2.84**	**0.01**
Responding patiently to child's questions (higher = more adequate)	2.43	2.34		2.44	2.27		**2.26**	**2.67**	**0.04**
Adequate supervision / Responsible child care (higher = more adequate)	2.50	2.59		2.80	2.71		**2.52**	**2.93**	**0.04**
Household condition (proportion of 13 items, higher = worse condition)	0.10	0.13	0.01	0.09	0.11	0.02	0.12	0.12	
Caretaker problems (proportion of 21 items, higher = more problems)	0.25	0.31	0.0005	0.21	0.23		0.21	0.18	
Caretaker functioning (higher = better)	2.56	2.55		2.79	2.66	0.10	**2.51**	**2.82**	**0.04**
Respecting child's opinions (change in average ratings from Time 1 to Time 2)**	0.19	-0.06	0.05	0.27	0.04	0.05	0.06	0.14	
Setting firm/consistent limits/rules (change in average ratings from Time 1 to Time 2) **	0.35	0.22		0.33	0.25		**-0.29**	**0.29**	**0.01**
Caretaker Problems (Change in proportion of 21 items; lower = less at Time 2)	-0.06	-0.04		-0.05	-0.04		**-0.03**	**-0.08**	**0.05**

NOTE: This table only includes items with a primary analysis p-value less than .05 in at least one of the states; p-values greater than .10 are not reported.

Items in bold indicate significant findings in favor of the experimental group whereas italicized items indicate significant findings in favor of the control group.

** Scale for change in ratings: -4 = ability decreased greatly over time, 0 = no change in ability over time, +4 = ability increased greatly over time

Table 3-18
Summary Of Outcomes, Caretaker Followup Interview

	Kentucky			New Jersey			Tennessee		
Proportion of affirmative answers to yes/no questions	**Control %**	**Exp %**	**p**	**Control %**	**Exp %**	**p**	**Control %**	**Exp %**	**p**
Has spouse held full time job	81	78		86	68	.05	100	85	
Had difficulty paying rent	20	20		**34**	27		**39**	**20**	**.04**
Have children handled household chores	75	75		**70**	**83**	**.02**	94	89	

NOTE: This table only includes items with either a primary p-value less than .05 in at least one of the states; p-values greater than .10 are not reported
Items in bold indicate significant findings in favor of the experimental group whereas italicized items indicate significant findings in favor of the control group.

There are a few items on which the control group had better outcomes, nearly all of them on measures provided by caseworkers. We are not inclined to read too much into these results, since experimental group caseworkers generally knew the families better and there may well have been significant differences in the ways that workers serving the two groups saw families and judged their functioning.

[Go To Contents]

Endnotes

23. The full list of New Jersey service codes that were included is: public institution, teaching family placement, para-foster care income maintenance, juvenile-family crisis shelter placement, relative placement, foster care placement, residential treatment placement, finalized adoption placement, selected adoption placement - pending, maternity home care, group home placement, independent living, and shelter care placement. Four of these categories did not actually occur in the data: teaching family placement, para-foster care income maintenance, finalized adoption placement, and selected adoption placement - pending. In Kentucky placement (as reflected in the variable FACTYPE), included: adoption, foster care, private institution/boarding schools, family treatment home, unmarried parent, other, children's psychiatric hospital, and foster care medically fragile. The data did not include adoption, family treatment home, and unmarried parent. In Tennessee, placements included: foster care, relative home, trial home, residential care, continuum contract, non-relative home, adoptive home, runaway, shelter, independent living, and detention.

24. Cases entered the study at varying points in time. In Kentucky, cases entered between May 7, 1996 and February 13, 1998; in New Jersey, cases entered between November 6, 1996 and February 26, 1998; and in Tennessee, between November 19, 1996 and May 26, 1998.

25. There are two reasons for focusing on family-level analyses. First, we are not confident that the administrative data allow for accurate identification of children to be included in the risk pool (what would be the denominator in a rate of placement calculation). Children are identified as belonging to a family through a case number. The analysis requires that we identify children who are in the home at the time of random assignment (or who are born or return to the home subsequently). In these states, children apparently often retain a family case number even when they are not in the home, and the administrative data do not allow us to verify the location of the child at the time of random assignment (or even sometimes at the time of an such as placement). This problem is alleviated in analyses at the family level, since we know that the family is at risk of having a child placed (as long as there are any children in the family).

As to the accuracy of the "numerator" in our analyses, we focus on the first event (e.g., placement) in the family, subsequent to random assignment. It is possible that the first event occurs with regard to a child identified with a family but not living in that family at the time of the event. We judge the likelihood of that occurring to be small (the effects of this source of error would be similar in a family and child level analysis). In addition, subsequent events involving other children identified with the family but not in the family at the time of the event would not affect the family level analysis, while they would create inaccuracies in a child level analysis.

The second reason for focusing on the family level has to do with a "clustering" effect in the child level analysis. Clustering refers to the lack of independence between children within the same family of observations of such things as placement. If one child is removed from the home, the remaining children are more likely to experience placement. The "clustering effect" leads to an underestimate of the significance levels when analyses are conducted at the child level. Conducting the analyses at the family level is one approach to resolving this dilemma.

We did conduct a few analyses at the child level, when we wanted to take into account child characteristics, but it should be remembered that significance levels in those analyses are downwardly biased.

26. In Kentucky, the ratio of assignment to experimental and control groups was 50-50.

27. In New Jersey, approximately 60 percent of the cases were assigned to the experimental group.

28. In Tennessee, approximately two-thirds of the cases were assigned to the experimental group.

29. Kentucky policy specifies that imminent risk includes children who are at risk of commitment as dependent, abused, or neglected; who are identified through the Regional Interagency Council, an interdepartmental unit, as severely emotionally disturbed; or whose families are in conflict such that they are unable to exercise reasonable control of the child. Both the referring worker and family members shall believe that without immediate intensive intervention, out-of-home placement is imminent. At the time of this study, New Jersey targeted family preservation services for families at imminent risk of having at least one child enter placement. The referring worker must have based the assessment of imminent risk on a face-to-face interview with the family no more than 5 days prior to the referral. The family must need services immediately and the worker must determine that other, less intensive, services have been used, are not appropriate, or are not available. In Tennessee, CPS intake workers complete a risk assessment form to identify high, intermediate, low, or no risk. High risk cases are identified as cases where "the child or children in the home are at imminent risk of serious harm if there is no intervention in the situation." A typical high risk case might involve such factors as: 1) a vulnerable child; 2) a history of previous maltreatment; 3) an active perpetrator who has continued access to the child; and 4) no available support or family strengths to offset the stated risks.

30. Analyses were also done on all allegations, whether substantiated or not. The results were very similar, although, of course, rates for all allegations were higher.

31. The six months analyses and survival analyses are obviously not independent.

32. Often we used average responses or proportions of positive responses rather than sums of responses to items. This was done in order to have scores for individuals when there were a few missing items on the scales. If an individual had too many missing items (usually 1/3rd or more) the score was declared missing. Rules for the calculation of all scales are given in Appendix J.

33. In multivariate repeated measures analysis, three main hypotheses are tested, first, that the scores for the experimental group, averaged over the three points in time are equal to those of the control group, (the "group" hypothesis); second, that the averages of the groups at each point in time are the same (the "time" hypothesis); and third, that there is no interaction between time and group. It is the third hypothesis that is central, indicating whether the groups change in different ways.

34. Variables in Tables 3-3, 3-4 and Figure 3-4 are described in Vol. 3, Appendix J.

35. This difference was slightly greater and statistically significant in the secondary analysis (48% vs. 35%, p= .04).

36. In the secondary analysis, fewer experimental group respondents reported health problems (12% vs. 21% for the control group p = .04).

37. The control group had a slightly lower average proportion of affirmative responses to these items at post-treatment (.17 vs. .22, p = .16).

38. In the primary analysis, at post-treatment, a greater proportion of the experimental group reported difficulties paying rent (20% vs 13%, p = .13) and electric or heat bills (28% vs. 20%, p = .11). In the secondary analysis, differences were smaller and p-values for both items were above .20.

39. This difference was maintained but not significant in the secondary analysis (5% vs. 1%, Fisher's exact p-value = .078).

40. In the secondary analysis, there was again a .09 reduction in the average proportion of punishment items endorsed by the experimental group and a .04 reduction for the control group (p = .03).

41. Derogatis, L. R., Lipman, R. S., & Covi, L. (1973) SCL-90: An outpatient psychiatric rating scale -- preliminary report. Psychopharmacology Bulletin, 9 (1), 13 - 28.

42. Reliability analysis yielded a Cronbach's alpha of .92 at initial, .93 at post-treatment, and .92 at follow-up in Kentucky; .95 at initial, .94 at post-treatment, and .95 at follow-up in New Jersey; and .91 at both initial and post-treatment, and .90 at follow-up in Tennessee.

43. This difference was also significant for the secondary analysis (28% vs. 33%, p = .006).

44. In the secondary analysis, the difference was maintained and remained significant (31% vs. 24%, p = .0004).

45. In the secondary analysis, the average percents were 24 percent for the experimental group and 21% for the control group (p = .06).

46. In the secondary analysis, however, the difference increased and approached significance with 29 percent for the experimental group and 24 percent for the control group, p = .06.

47. The difference for the secondary analysis was also not significant (25% vs. 28%, p = .12).

48. The significant interactions with experimental group were as follows. For depression at post-treatment in New Jersey, there was an interaction of experimental group with single motherhood; for single mothers, there was no relationship between experimental group and depression, for other caretakers, the control group had higher depression scores. Also for depression at post-treatment in New Jersey, there was an interaction with employment; for those employed at the initial interview, there was no difference between the experimental and control groups, for those unemployed, the control group had higher depression scores. For negative life events at post-treatment in Tennessee, there was an interaction with income support; for those not receiving income support the control group had more negative life events, for those receiving income support, there was no difference between the experimental and control groups in negative life events. For household condition at follow-up in Tennessee, there was an interaction between age of caretaker and experimental group; in the control group there was no relationship between age and household condition while in the experimental group, older caretakers had worse household conditions.

49. Brown, D., Ahmed, F., Gary, L., & Milburn, N. (1995) Major depression in a community sample of African Americans. American Journal of Psychiatry 152(3), March 373-378.

50. Humke, C. & Schaefer, C. (1995) Relocation: A review of the effects of residential mobility on children and adolescents. Psychology; a quarterly journal of human behavior, 32(1), 16-24.

51. Honig, A. & Pfannestiel, A. (1991) Difficulties in reaching low-income new fathers: Issues and cases. Early Child Development & Care 77, 115-125.

52. Baxter, A., & Kahn, J. (1999) Social support, needs and stress in urban families with children enrolled in an early intervention program. Infant-Toddler Intervention 9(3), September 239-257.

53. The differing results for the uncontrolled analysis and the regression analysis may be due to the significant interaction in the regression equation of experimental group and income support.

54. The questions were: have you lost your temper when your children got on your nerves, have you found that hitting your child was a good way to get him/her to listen, have you sometimes found yourself hitting your child harder than you meant to, have things sometimes gotten out of control when you punished your child, have you punished your child by tying him/her up with a rope, cord, string, or belt, have you sometimes punished your child by not letting him/her into the house, have you punished your child for not finishing the food on his/her plate.

55. Because the dependent variable was dichotomous, the logit link function was used, transforming the outcome into log-odds. Hence, the analysis actually used a hierarchical non-linear model.

[56] The reader is reminded of the findings reported in Chapter 7 indicating that experimental group caretakers generally had more positive views of service and of their relationships with workers than control group caretakers.

Where to?

Top of Page | Contents

Main Page of Report | Contents of Report

Home Pages:
Human Services Policy
Assistant Secretary for Planning and Evaluation (ASPE)
U.S. Department of Health and Human Services (HHS)

Evaluation of Family Preservation and Reunification Programs: Final Report: Volume 2: The Outcomes

3. The Outcomes

[Main Page of Report | Contents of Report]

Contents

- 3.1 Substitute Care Placement Following Random Assignment
- 3.2 Hazard Analyses of Placement
- 3.3 Allegations of Maltreatment Following Random Assignment
- 3.4 Sub-group Analysis
- 3.5 Case Closing Subsequent to Random Assignment
- 3.6 Family and Child Functioning-Caretaker Interviews
    - 3.6.1 Life Events
    - 3.6.2 Problems
    - 3.6.3 Economic Functioning
    - 3.6.4 Household Condition
    - 3.6.5 Child Care Practices
    - 3.6.6 Caretaker Depression
    - 3.6.7 Child Behavior
- 3.7 Overall Assessment of Improvement by Caretakers
- 3.8 Information from Caseworkers on Family and Child Functioning
    - 3.8.1Caretaker Functioning
    - 3.8.2 Household Condition
    - 3.8.3 Caretaker Problems
    - 3.8.4 Child Problems
- 3.9 Predictors of Outcomes
- 3.10 Relationship of Placement and Subsequent Harm to Amount of Service
- 3.11 Matching of Services to Problems
- 3.12 Summary of Outcome Data

Endnotes

This chapter describes the outcomes of the programs in Kentucky, New Jersey, and Tennessee, the three Homebuilders states in the evaluation. Outcomes for Philadelphia are presented in Chapter 4 of this volume.

The outcomes we examined were the placement of children in substitute care following random assignment to the experimental or control group, subsequent reports of maltreatment and a number of measures of child and family functioning. The focus is on comparisons between the experimental and control groups. Analyses we have designated as "primary" were conducted on all randomly assigned cases except those that were determined to be inappropriate referrals. This includes cases in which the assignment was violated (cases assigned to the control group that were given family preservation services) and cases assigned to family preservation that received no or little such service. Insofar as family preservation services have effects, inclusion of these cases in the analysis will tend to reduce the observed differences between the groups. However, the most rigorous approach to analysis requires that we retain these cases in the group to which they were assigned in order to maintain the statistical equivalence of the groups at the outset of the experiment, which is the reason for random assignment in the first place.

It is likely that violations and minimal service cases differ in systematic ways from other cases (perhaps not detected in the measurements of the study), hence, switching them to the other group would result in groups that were not equivalent at the beginning. It can be argued that inclusion of minimal service cases in the experimental group is quite proper on other grounds: the implementation of any program will involve some cases that do not receive the service, and estimates of impact ought to take that into account. We did conduct analyses ("secondary" analyses) in which the violations and minimal service cases were dropped, so as to examine differences between cases that actually received the intended treatment (family preservation or regular services). This analysis must be viewed as only suggestive, since it does not preserve the initial statistical equivalence of the groups created by random assignment. In fact, the results of the secondary analyses were usually similar to those of the primary analysis. We note in footnotes when the secondary analysis differed substantially from the primary analysis. The secondary analysis tables are presented in Appendix I, Volume 3.

Some analyses were also conducted on a more "refined" sample in which we attempted to focus on cases that approached a conception of "ideal" family preservation cases. Family preservation services are designed for families in crisis, presumably the crisis surrounding a recent allegation of maltreatment, the investigation of that allegation, and the threat of removal of a child. Theoretically, this state of crisis makes families more willing to seek and respond to help. As indicated in Chapter 7 in Volume One of the report, many of the families did not appear to conform to this specification of the target group. In Kentucky and New Jersey we looked at two subgroups of cases, those with a recent substantiated allegation recorded in the administrative data (within three months prior to referral to family preservation services) and those in which an investigative worker was involved. In Tennessee, nearly all of the cases came from investigating workers, so we looked at those cases with an allegation within 30 days prior to referral.

[Go To Contents]

3.1 Substitute Care Placement Following Random Assignment

A principal goal of family preservation services is the prevention of placement into substitute care, so that must be the first (though not the last) outcome examined. Placement included foster care, institutions and residential treatment programs, group homes, and adoptive placements.(23) We are initially concerned with the character and timing of the first placement of a child following random assignment. We collected data on placement prior to November 30, 1999 in Kentucky, September 30, 1999 in New Jersey, and August 31, 1999 in Tennessee.(24) Although data were provided at the individual level, most of the analyses are presented at the family level.(25) In Kentucky, the administrative files contained data on 1130 children in 345 families, 172 in the experimental group and 171 families in the control group. One hundred thirty-nine children in 61 families (36%) in the experimental group experienced placement subsequent to random assignment compared to 96 children in 55 families (32%) in the control group. In New Jersey, administrative data were available on 1290 children in 442 families, 275 in the experimental group and 167 in the control group. One hundred sixty-six children in 109 families (40%) in the experimental group were placed compared to 55 children in 48 families (29%) in the control group.

In Tennessee, multiple sources of data were used to calculate the rate of subsequent placement. A statewide management information system (CORS) provided information on formal paid placements. Additionally, case record reviews provided information on unpaid relative placements. In Tennessee, placement data were available on 468 children in 140 families, 93 in the experimental group and 47 in the control group. In the analysis of CORS data, forty-six children in 23 families (25%) in the experimental group experienced placement subsequent to random assignment compared to 25 children in 10 families (21%) in the control group. Including unpaid relative placements, 60 children in 29 families (31%) in the experimental group experienced placement subsequent to random assignment compared to 31 children in 13 families (28%) in the control group. These differences were not statistically significant at the family level in Kentucky, New Jersey or Tennessee (see Table 3-1 for types of placements after random assignment).

A comparison of these percents is, however, misleading, because of varying periods of risk of placement. The proper approach to the analysis of such data is survival analysis, in which the proportions of cases placed at each point in time following random assignment in each group are compared, accounting for the numbers of cases that "survive" to that point. We examined survival curves for each group and determined whether these curves were statistically different. Family level analyses were based on the first date of placement of any child in the family if a placement occurred.

Table 3-1
Type Of First Placement After Random Assignment, Child Level

Kentucky		
Type	**N**	**%**
Foster care	144	64.0
Private institution	69	30.7
Foster care, medically fragile	6	2.7
Child psychiatric hospital	4	1.8
Not specified	2	0.8
Total	225	100

New Jersey		
Type	**N**	**%**
Foster care	102	46.1
Juvenile family crisis	47	21.2
Residential treatment	35	15.9
Group home	17	7.7
Public institution	8	3.6
Shelter care	5	2.3
Adoptive	4	1.8
Relative	3	1.4
Total	221	100

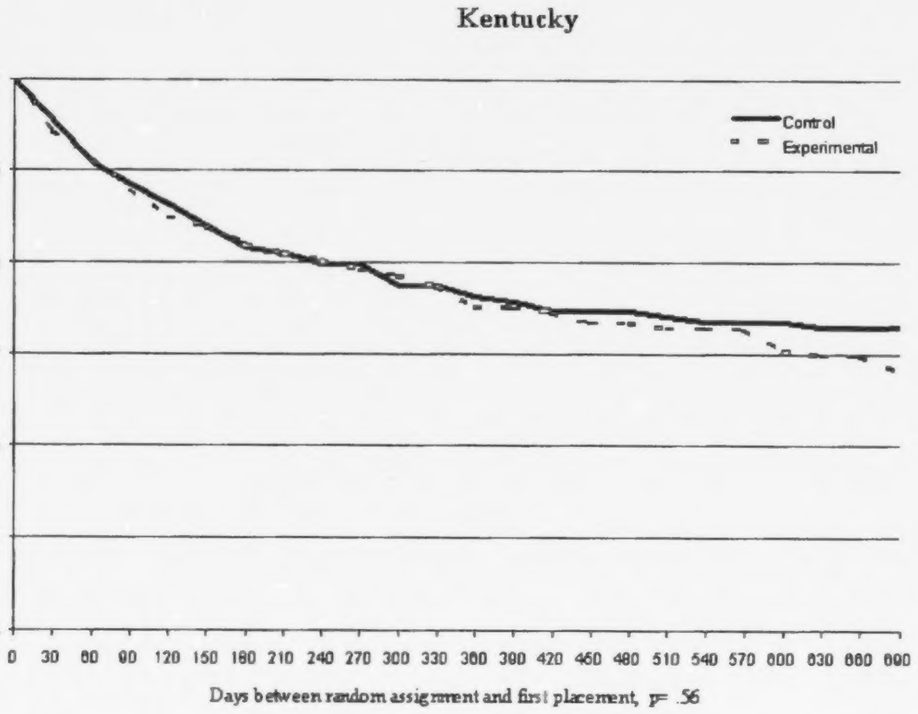
Tennessee		
Type	**N**	**%**
Foster care	31	44.3
Relative home	9	12.9
Trial home	6	8.5
Residential	6	8.5
Continuum contract	4	5.7
Non-relative home	4	5.7
Adoptive home	3	4.3
Runaway	2	2.8
Shelter	2	2.8
Independent living	2	2.8
Detention	1	1.4
Total	71	100
Note: Includes only placements recorded in administrative data. There were additional unpaid relative placements (see text).		

Kentucky. The family level analysis of subsequent placement is displayed in Figure 3-1.(26) These survival curves show the proportion of families remaining intact (without placement of a child) at each point in time following random assignment. The curves begin at 1, indicating that at the time of random assignment, all children were at home. The curves then decline as children enter care. The higher curve at any point represents the group with fewer placed children at that point. The curves are adjusted for cases that are "right censored." For example, cases that were not observed for a full year following random assignment are dropped in the calculation of the percentage remaining intact ("surviving") at one year. The Wilcoxon statistic indicates that the survival rates for the experimental and control groups are not statistically different. At the one-year interval, 25 percent of experimental group families and 24 percent of control group families experienced substitute care placement. At the end of two years, 32 percent of the experimental group and 27 percent of the control group families experienced care placement.

"Refined" groups analyses were also conducted, limiting the sample to cases referred by investigative workers and to those families with substantiated allegations within the three months prior to random assignment. Significant differences did emerge for families with a substantiated allegation within three months prior to random assignment. In the primary analysis of those families coming from an investigative worker, 26 percent of the experimental group and 15 percent of the control group experienced subsequent placement within one year after the random assignment date. For those with recent substantiated allegations, 29 percent of the experimental group and 13 percent of the control group experienced subsequent placement within one year (significant at .05 level).

An additional "refined" group was available for analysis in Kentucky. Prior to random assignment, workers submitted petitions to the court for placement or some other court ordered intervention on 66 families. Administrative data were available for all 66 families (32 in the experimental group, 34 in the control group). Survival analyses were conducted to explore the relationship between family preservation services and subsequent placement. At one year after random assignment, 22 percent of the experimental group and 29 percent of the control group experienced placement; a nonsignificant difference.

Figure 3-1
First Placement after Random Assignment (Families)



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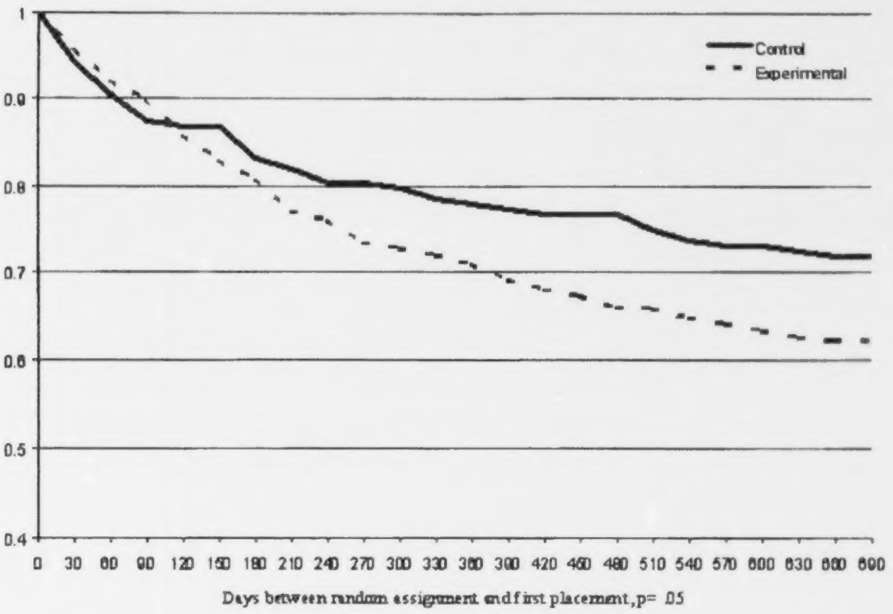
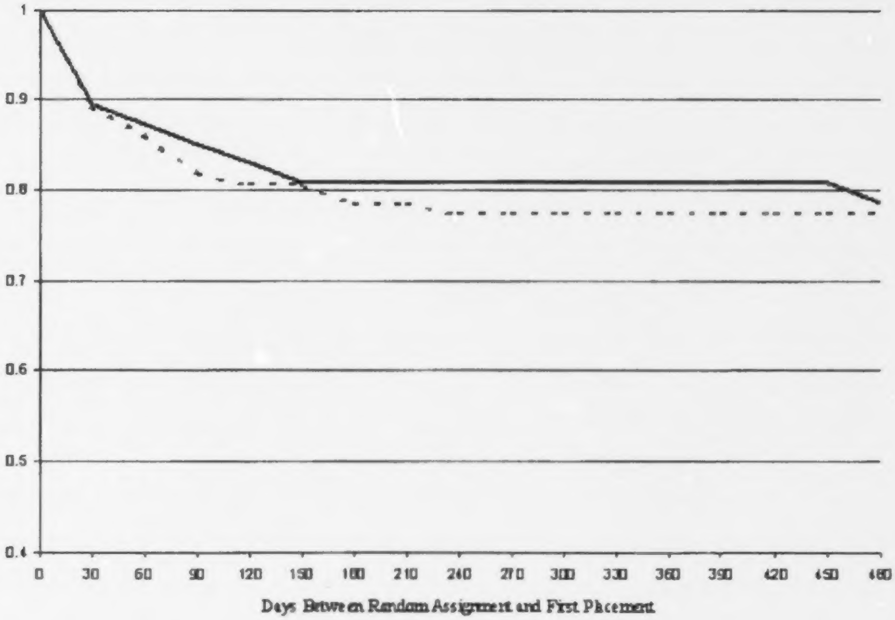


New Jersey



Tennessee, CORS Administrative Data

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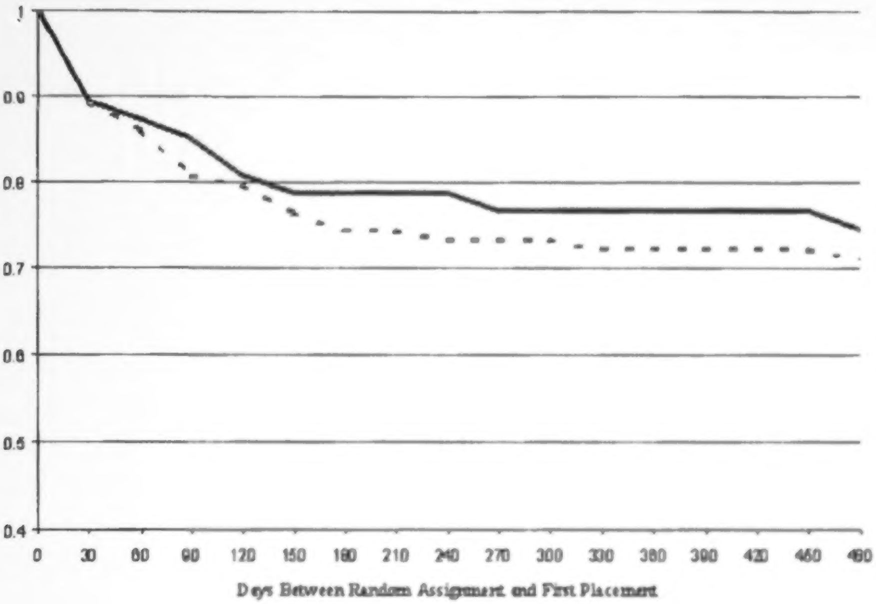
Tennessee, Any Evidence



In addition to the administrative data on placement, in Kentucky the Westat site coordinator attempted to document all placements subsequent to random assignment, based on her contacts with caseworkers. The administrative data file contained placements not recorded by the site coordinator, and vice versa. The only systematic difference between these data sources was the documentation of relative placement. Relatives are generally not paid for placements in Kentucky, so these data were not recorded in the administrative files. Survival analyses were conducted with a combination of caseworker and administrative placement records. If either data source recorded a placement event, that family was coded as experiencing subsequent placement. The first documented date of placement, taken from either source, was selected for analysis. The patterns of placement in these analyses are similar to those reported above. At one year, 27 percent of the experimental group and 32 percent of the control group families experienced placement, a nonsignificant difference.

In addition to survival analyses, placement can be examined in terms of the proportion of time in substitute care subsequent to random assignment. If family preservation services are effective in preventing placements, we would expect them to result in lower numbers of days in foster care. Family preservation might also result in shorter stays in care, once children are placed. Comparison of days in care provides a beginning look at the question of whether family preservation results in lower costs of foster care (of course, a complete cost-effectiveness analysis must also factor in the differential costs of family preservation and regular services).

The proportion of time in care is calculated by dividing the number of days in care by the number of days of possible care (number of days between random assignment and the date of administrative data collection). As the proportions are calculated at the family level, the number of days in care represents the total number of care days summed across all children within a particular family. Similarly, the number of possible care days represents the total number of possible care days summed across all children within a particular family. The number of possible care days is adjusted for a child's eighteenth birthday and for births since random assignment. For both primary and secondary analyses, in both the experimental and control groups children spent an average of 6 percent of the days subsequent to random assignment in care.

New Jersey. The family level analysis of placements is shown in Figure 3-1.(27) More families in the experimental group experienced placement of a child than in the control group (at one year, 29% of the experimental group vs. 22 percent of the control group; at two years, 39 percent of the experimental group vs. 28 percent of the control group) although the differences are not significant. It might be noted that in the analyses the survival curves for the two groups tend to begin to diverge at about 6-7 months, that is, at about that time more children in the experimental group are being placed. We do not have a ready explanation for this divergence.

Refined groups analyses in New Jersey revealed statistically significant differences. In the primary analysis of those families coming from an investigative worker, 25 percent of the experimental group and 15 percent of the control group experienced subsequent placement within one year of the random assignment date. For those with recent substantiated allegations, 25 percent of the experimental group and 14 percent of the control group experienced subsequent placement.

As to the proportion of time that children spent in care in New Jersey, experimental group children spent an average of 6 percent of that time in placement, compared to 5 percent for the control group children (not a significant difference).

Tennessee. Survival rates at the family level were first calculated using only the CORS and then including relative placement (the "any evidence" analysis) data. The family level analyses of subsequent placement is displayed in Figure 3-1.(28) The Wilcoxon statistic indicates that the survival rates for the experimental and control groups are not statistically different. In the analysis of CORS data, 23 percent of experimental group families and 19 percent of control group families experienced substitute care placement within one year subsequent to random assignment. In the "any evidence" analysis, 28 percent of the experimental group families and 23 percent of control group families experienced placement within one year subsequent to random assignment.

As in Kentucky and New Jersey, a "refined" group was available for analysis in Tennessee. Ninety-three families had an allegation within 30 days prior to random assignment. The Wilcoxon statistic for the survival analysis of placement in these families indicates that the survival rates of the two groups are not statistically different. In the analysis of CORS data, 17 percent of the experimental group and 15 percent of the control group experienced subsequent placement within one year of random assignment. In the "any evidence" analysis, 22 percent of the experimental group and 21 percent of the control group experienced subsequent placement within one year of random assignment.

As to the proportion of time that children spent in care in Tennessee, experimental group children spent an average of 10 percent of that time in placement, compared to 5 percent for the control group children. This difference is nonsignificant.

In a number of analyses of subsequent placement in these states, more experimental group families experienced placement than did control group families. In a few analyses, fewer experimental group families experienced placement. However, none of these analyses were statistically significant; in none of these states can the data be taken as firm evidence that family preservation resulted in more placements. Nor is there evidence that it resulted in fewer.

Imminent Risk of Placement. The family preservation programs in these states are designed to prevent the unnecessary removal of children by serving families with children who are at imminent risk of out-of-home placement.(29) One way to explore the accuracy of the "imminent risk" designation is to examine the proportion of control group families that experienced placement within a short time after random assignment. Since the control and experimental groups were randomly assigned and are expected to be statistically equivalent before services are begun, the proportion of families experiencing placement in the control group indicates the proportion of referred families that would have experienced placement in the absence of receiving family preservation services. We looked at control group placement rates 30 days after random assignment, believing that time period provided a liberal interpretation of "imminent risk." If a significant proportion of the control group experienced placement within 30 days of random assignment, one could argue that the program was appropriately targeted. At the time of random assignment, referring workers were asked to designate those children who were considered "at risk."

In Kentucky, in the first 30 days following random assignment, in the primary analysis 4 percent of at risk children in the experimental group were placed compared to 3 percent of control group at risk children. At the family level, 6 percent of the experimental group families and 5 percent of the control group families experienced placement within the first 30 days subsequent to random assignment. The percentages were similar in the investigative group (8% of the experimental compared with 5% of the control group), and among those with recent substantiated allegations (6% of the experimental group compared with 3% of the control group).

In New Jersey, of those children judged to be at risk, 4 percent of the control group and 3 percent of the experimental group were placed in 30 days. At the family level, 5 percent of the families in the experimental group experienced placement of at least one child within one month of random assignment, compared to 6 percent of the control group. Rates of imminent placement were similar in the "refined" group analyses. Of those families coming from an investigative worker, 3 percent of the experimental group and 5 percent of the control group experienced placement within 30 days of random assignment. For those families with a substantiated allegation within three months prior to random assignment, 8 percent of the experimental group and 5 percent of the control group experienced placement within 30 days.

In Tennessee, rates of placement within one month were somewhat higher than in Kentucky and New Jersey. Of those children judged to be at risk, 13 percent of the control group and 11 percent of the experimental group were placed in 30 days. There were no relative placements within the first 30 days subsequent to random assignment. Thus, there are no differences between the CORS and "any evidence" analysis. At the family level in Tennessee, the CORS administrative data indicates that 11 percent of both the experimental and control groups experience placement within 30 days subsequent to random assignment. Rates of imminent placement were similar in the "refined" group analyses. Of those families with a recent allegation (within 30 days prior to random assignment), 7 percent of the experimental group and 12 percent of the control group experienced a CORS placement within 30 days of random assignment.

Although the percentages of placement within one month were somewhat higher in Tennessee, in all three states, these percentages were quite low. The numbers of interest here are those for the control group, indicating the targeting efficiency the program in these three sites is very low.

[Go To Contents]

3.2 Hazard Analyses of Placement

Hazard analyses permit the examination of the effects of multiple independent variables (in addition to experimental group membership) on rates of placement. They also provide somewhat more precise estimates of the effect of experimental group membership, since they control for the effects of the other variables in examining experimental-control group differences. In addition, they allow for the examination of "interactions" between other variables and experimental-control group membership, to see if the effects of experimental group membership differ for subgroups of the sample. We conducted Cox regression analyses of placement hazards using as predictor variables case characteristics available in the administrative data. Case characteristics in the administrative data are quite limited. Unlike the survival analyses which were conducted at the family level, hazard analyses were done at the child level because we wanted to include in them characteristics of children.

Kentucky. We examined the effects of the child's age, race, prior placement, and prior substantiated allegation of maltreatment, together with experimental group membership, on rates of placement. Regarding main effects, there were no significant predictors of placement. However, there was a significant interaction between experimental group membership and prior placement. Examining the differences in placement rates between the experimental and control groups by whether or not the child had had a prior placement indicates that among those with a prior placement, there is little difference in placement rates (32% for the family preservation group and 34% for the control group) while there is a significant difference for those without prior placement (22% for the experimental group and 14% for the control group). The interactions between experimental group membership and age and prior substantiated allegations were not significant.

New Jersey. New Jersey hazard analyses indicate that older age and prior placement increase the hazard rate significantly ($p < .05$; prior placement by 88% and each year of age by 3%). Experimental group membership was also significant ($p < .08$; experimental group membership increases the hazard rate by 97%). The interactions between experimental group membership and race, age, prior placement, and prior substantiated allegations were not significant.

Hazard analyses were also performed to examine the effect of county on placement. These analyses were conducted at the family level. Burlington county was chosen as the reference category, as it had the highest rate of placement. Thus, rates of placement in the other New Jersey counties are compared to the placement rates of Burlington. In addition to the county variables, experimental group and interactions of county with experimental group were entered into the regression equation. The hazard of placement for families was decreased by 67 percent for Ocean county, 73 percent for Monmouth county, 47 percent for Essex county, 57 percent for Bergen county, and 74 percent for Passaic county. The coefficient associated with Camden county was non-significant. There were no significant effects of experimental group or of county-experimental group interactions. This indicates that even after removing county variation, there are no significant differences between the experimental and control groups, nor does the effect of experimental group vary by county.

Tennessee. We examined the effects of the child's age, race, prior placement, prior allegation within 30 days of random assignment, prior substantiated allegation within 30 days of random assignment, and experimental group membership on rates of placement. Similar to Kentucky and New Jersey, we also explored interactions between experimental group membership and child characteristics. No significant interactions emerged. Only prior substantiated allegation had a significant effect on the likelihood of placement subsequent to random assignment. In the analysis of the CORS administrative data, a substantiated allegation within the last 30 days prior to random assignment increased the hazard rate by 209 percent. When unpaid relative placements were included ("any evidence") prior substantiation increased the hazard by 173 percent.

[Go To Contents]

3.3 Allegations of Maltreatment Following Random Assignment

Subsequent maltreatment of children is a second important outcome to be examined. Family preservation programs are intended to lower the risk of harm to children while keeping them at home, and subsequent maltreatment is an indicator of such risk. Furthermore, the justification for family preservation programs rests on the belief that the safety of children is not compromised when their families are referred to these programs, so examination of subsequent maltreatment rates is important to determine whether children, in fact, are safe in these programs.

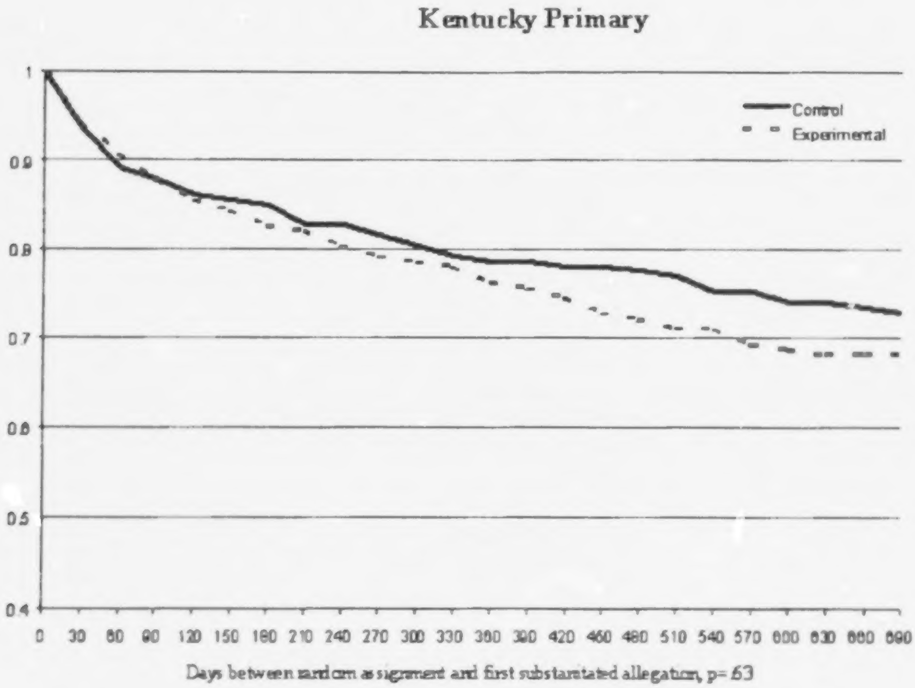
As with placement, data on subsequent maltreatment come from the administrative data files of the states. As is almost always the case in studies like this, our data do not record actual maltreatment, but only investigated reports of maltreatment. Some abuse and neglect goes unreported, and, because not every report is investigated, there are cases of harm that are reported but not investigated.

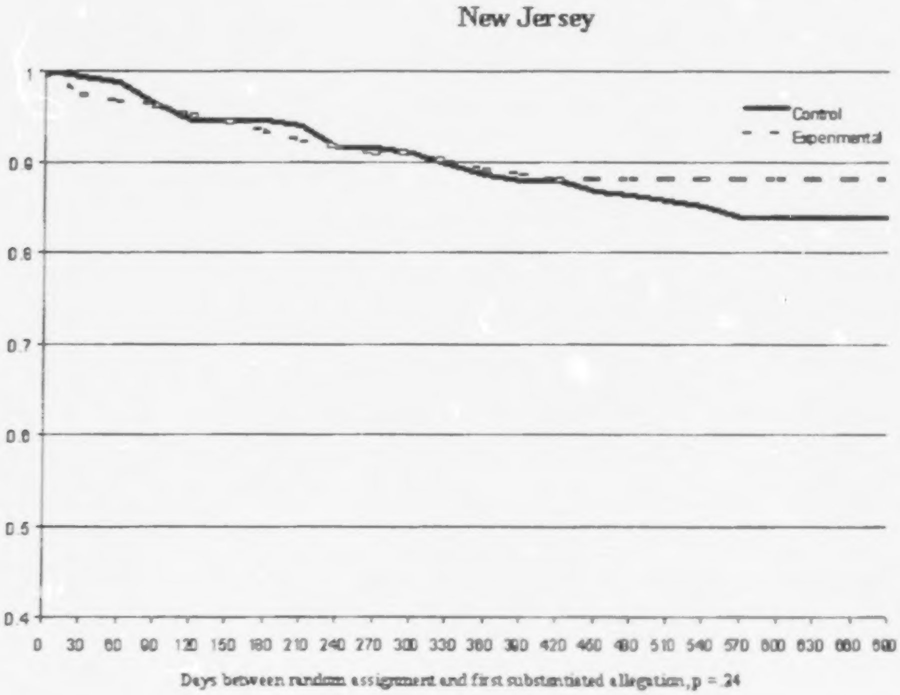
As with the analyses of subsequent placement, survival graphs were developed to compare the timing of subsequent, substantiated allegations of maltreatment.(30) Again, survival analyses were conducted at the family level for both the primary and secondary analysis groups as well as for the "refinement" groups.

Kentucky. Two hundred twenty-three children in 99 families (58%) in the experimental group were the subjects of investigated allegations of maltreatment following random assignment, compared with 206 children in 100 families (58%) in the control group. The distribution of the various types of allegations is as follows: 2 percent dependency, 7 percent emotional, 63 percent neglect, 25 percent physical abuse, and 8 percent sexual maltreatment. As families can be the subjects of multiple allegations on any given day, these percentages do not sum to 100. Not all investigations result in substantiated allegations. One hundred forty-three children in 63 families (37%) in the experimental group were the subjects of substantiated allegations of maltreatment compared with 118 children in 57 families (33%) in the control group. The difference was not statistically significant at the family level. The distribution of substantiated allegations is as follows: 1 percent dependency, 4 percent emotional, 72 percent neglect, 20 percent physical abuse, and 3 percent sexual maltreatment.

Figure 3-2 displays the survival curves for substantiated allegations in the primary analysis. At one year subsequent to random assignment, 24 percent of the experimental group and 21 percent of the control group families experienced substantiated reports of maltreatment. Although a higher percentage of families in the "refined" analyses experienced substantiated allegations of maltreatment, similar patterns emerged. For the investigative group, 27 percent of the experimental group and 24 percent of the control group experienced a substantiated allegation of maltreatment in the one-year interval. For those families with a substantiated allegation within the three months prior to random assignment, 25 percent of the experimental and 21 percent of the control group experienced substantiated allegations of maltreatment within a year subsequent to random assignment. For the group on which petitions had been submitted to court for placement or other orders, 22 percent of the experimental group and 33 percent of the control group experienced a substantiated allegation one year subsequent to random assignment, a nonsignificant difference.

Figure 3-2
First Substantial Allegation after Random Assignment (Families)





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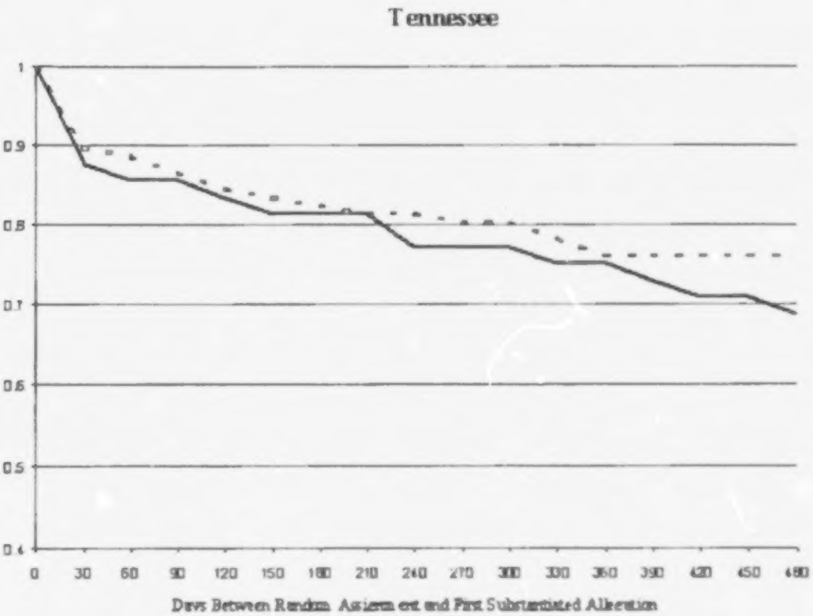


Figure 3-2, continued
First Substantiated Allegation after Random Assignment (Families)

The survival analyses indicate that experimental and control group families had a very similar likelihood of substantiated reports of maltreatment subsequent to random assignment.

New Jersey. One hundred seventy-eight children in 94 families (34%) in the experimental group were the subjects of investigated allegations of maltreatment following random assignment, compared to 101 children in 60 families (36%) in the control group. Fifty-eight children in 34 families (12%) in the experimental group experienced a substantiated allegation of maltreatment following random assignment, compared to 42 children in 29 families (17%) in the control group. In none of the survival analyses conducted were there significant differences between the experimental and control groups. Figure 3-2 shows substantiated allegations at the family level. About 11 percent of families in both groups have substantiated allegations within one year.

Patterns of substantiated allegations were similar for the "refined" group analyses, none of which showed significant differences between groups. Of those families coming from an investigative worker, 7 percent of the experimental group and 10 percent of the control group had a substantiated allegation within one year subsequent to random assignment. For those families with a substantiated allegation within three months prior to random assignment, 10 percent of the experimental group and 16 percent of the control group had a substantiated allegation within one year subsequent to random assignment.

Tennessee. Allegation data were available for 482 children in 144 families. Sixty-four children in 36 families (38%) in the experimental group were the subjects of investigated allegations of maltreatment following random assignment, compared with 61 children in 26 families (54%) in the control group. The differences were not statistically significant at the family level. The distribution of the various types of allegations is: 66 percent physical abuse, 20 percent supervision/neglect, 2 percent sexual abuse/medical, and 12 percent other (includes allegations such as failure to thrive, truancy, and unruly child). Forty-four children in 25 families (26%) in the experimental group were the subjects of substantiated allegations of maltreatment compared with 42 children in 18 families (38%) in the control group. These differences were not statistically significant at the family level. The distribution of the various types of substantiated allegations is: 66 percent physical abuse, 20 percent supervision/neglect, 1 percent sexual abuse/medical, and 13 percent other.

Figure 3-2 displays the survival curves for substantiated allegations in the primary analysis. At one year subsequent to random assignment, 24 percent of the experimental group and 25 percent of the control group families experienced substantiated reports of maltreatment. Survival rates were also calculated for those families with an allegation within 30 days prior to random assignment. Significant differences emerged for subsequent allegations and near significant differences emerged for subsequent substantiated allegations. Of those families with a recent allegation, 28 percent of the experimental group and 52 percent of the control group experienced an allegation within one year subsequent to random assignment. Similarly, 18 percent of the experiment group and 30 percent of the control group experienced a substantiated allegation within one year subsequent to random assignment. These differences suggest that in Tennessee family preservation reduced the likelihood of subsequent maltreatment for those families with recent allegations.

[Go To Contents]

3.4 Sub-group Analysis

In Kentucky and New Jersey, we examined a number of subgroups of cases to determine whether we could detect differences between experimental and control groups on placement and substantiated allegations subsequent to random assignment within each subgroup. The number of cases in Tennessee was not sufficient to support subgroup analysis. The results are shown in Table 3-2. Most of the subgroups were defined in terms of problems existing at the time of the initial interview. For both placement and substantiated allegations the table shows the number of cases in each subgroup and the percentage of cases in the subgroup experiencing the event within 12 months. The analysis involved determining the significance of the difference between the experimental and control groups in the occurrence of the event within twelve months, and in the survival curves as a whole.(31) The first row of the table shows the results for the Kentucky and New Jersey samples as a whole. Except for substance abuse, the definitions of the subgroups were taken from the initial caretaker interview. Very few caretakers acknowledged substance use in the first interview, so that subgroup was determined from information in both the caretaker and caseworker initial interviews.

None of the 36 experimental-control group comparisons were significant at the .05 level. In the analysis so far, efforts to find subgroups for which family preservation service was related to reduced placement have been unsuccessful.

3.5 Case Closing Subsequent to Random Assignment

Family preservation services are sometimes thought to lead to quicker case closings in the public agency and less frequent subsequent involvement with the child welfare agency. Administrative data on case closings and subsequent case openings were examined to determine the effects of these services on case closings and subsequent reopenings.

Kentucky. Of the 255 cases that were open in the public agency at the time of the referral to family preservation services, 180 (71%) were closed some time after the referral and 75 (30%) remained open as of November 30, 1999 (the last date of observation for these analyses). Survival analyses were performed to examine the lengths of time between the referral to family preservation services and the first closing of the case. As shown in Figure 3-3, significant differences were found between the experimental and control groups.

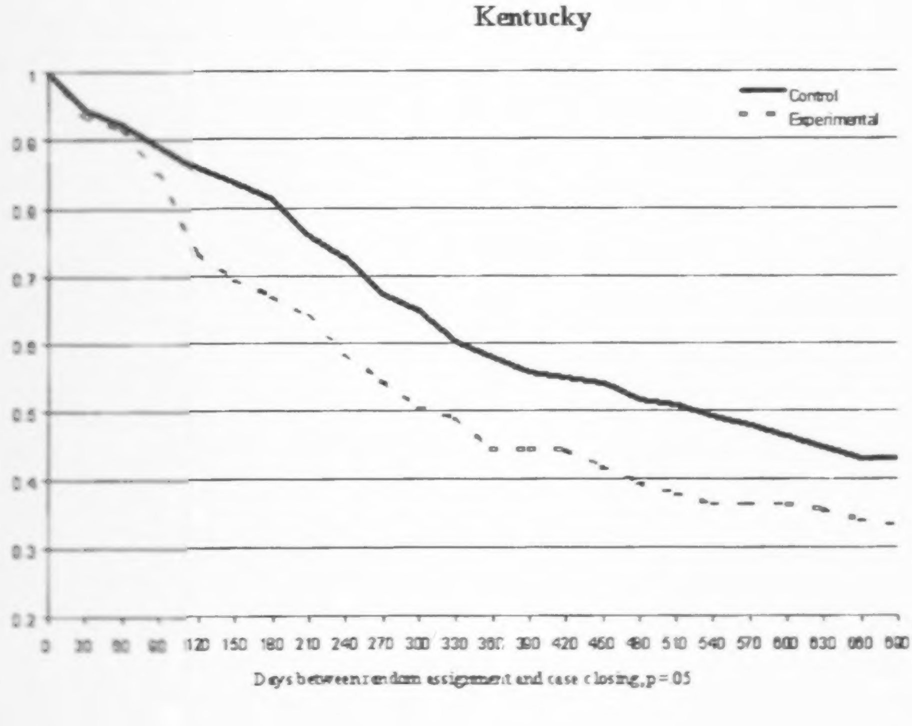
Of the 180 cases that were open at the time of the referral to family preservation services and closed some time after that referral, 10 cases were re-opened again before November 30, 1999. Five of these 10 cases were in the experimental group, and five were in the control group.

Table 3-2
Subgroup Analyses, Significance Levels of Differences Between Experimental and Control Groups

	Kentucky							New Jersey						
	Placement				Substantiated allegations			Placement				Substantiated allegations		
	In 12 mos				In 12 mos			In 12 mos				In 12 mos		
Subgroup	N	Overall %	p^a	Survival p	Overall %	p^a	Survival p	N	Overall %	p^a	Survival p	Overall %	p^a	Survival p
Overall	345	25			23			442	27	.09^b		11		
Substance abuse	37	29			29			53	26			20		
No substance	244	23			19			326	28			12		

abuse														
Problems with bills	157	26			25			195	27			13		
Problems with daycare	99	22			25			111	26			14		
Depression[c]	152	26			24			168	33			11		
Problems with punishment	205	26			23			262	28			11		
Problems with school	145	23			22			202	31			11		
Problems with employment	193	24			22			192	26			14		
Single mother	129	21			19			116	26			17		
[a] Fisher exact, two tail [b] Experimental group more likely to experience placement [c] Caretakers with depression scores above median for the state														

Figure 3-3
First Case Closing after Random Assignment (Families)



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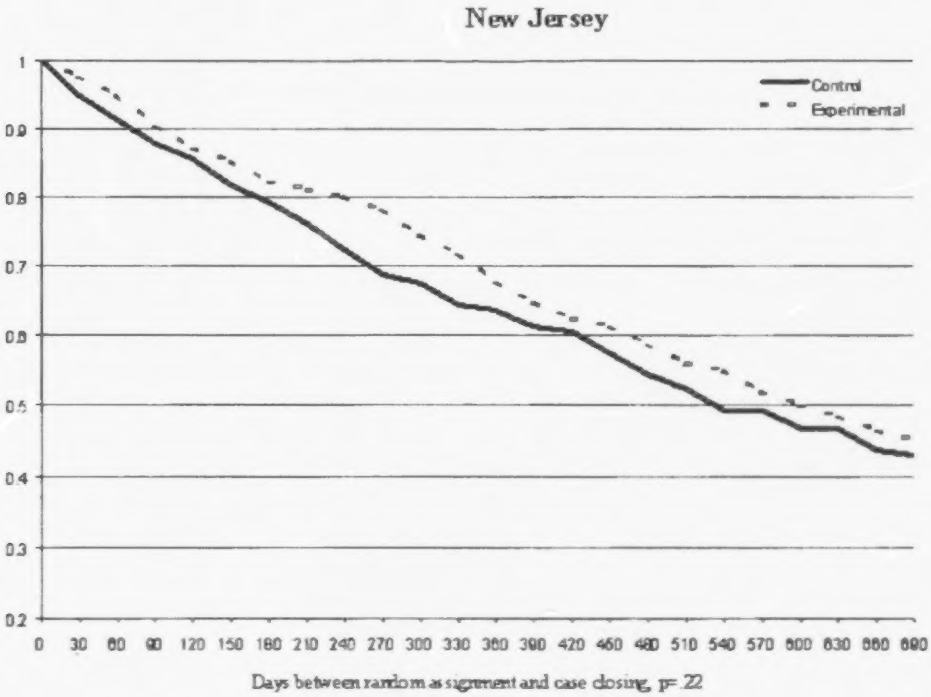
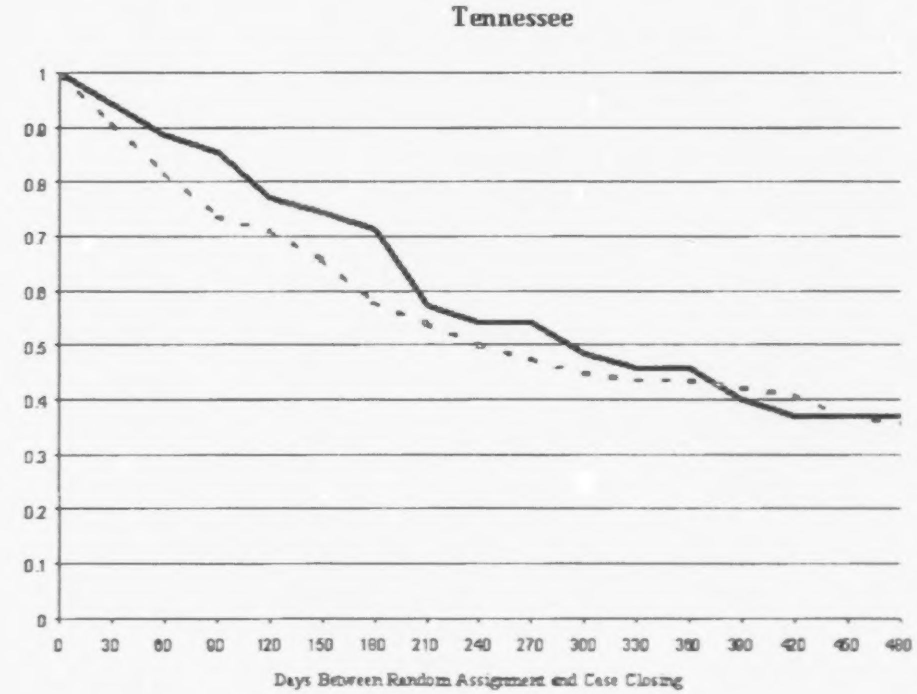




New Jersey. Of the 441 cases with administrative case closing data, 427 were open at the time of random assignment. Of these 427 cases, 263 (62%) were closed subsequent to the referral to family preservation services. Figure 3-3 shows the results of a survival analysis in which we examined the time to case closing for the 421 cases that were open at the time of referral to family preservation services. There was no significant difference between the experimental and control groups in the rate or timing of case closings after the referral date. Of the 263 cases that were closed after the referral to family preservation services, 81 cases (31%) were reopened. There was no significant difference between the experimental and control groups in the proportion of cases that were reopened (32% in the experimental group, 29% in the control group).

Tennessee. Of the 147 families with case opening and closing data, 111 were open in the public agency at the time of the referral to family preservation services. Of these 111 families, 96 (87%) were closed some time after the referral and 15 (14%) remained open as of August 31, 1999 (the last date of observation for these analyses). Survival analyses were performed to examine the lengths of time between the referral to family preservation services and the first closing of the case. As indicated by the survival curves in Figure 3-3, no significant differences were found between the experimental and control groups. Of the 96 cases that were open at the time of the referral to family preservation services and closed some time after that referral, 17 cases were re-opened again before August 31, 1999. There was a significant difference in the rate of reopening. Eight (12%) of the 66 experimental group cases that were closed subsequently reopened, compared with 9 (30%) of the 30 control group cases ($p < .05$).

[Go To Contents]

3.6 Family and Child Functioning-Caretaker Interviews

Family preservation services are intended to result in improved functioning of children and families. This goal is sought both for its own intrinsic value as well as an intermediate objective in the prevention of subsequent maltreatment and placement; parents who are functioning better and better parent-child relationships should result in lower risk of abuse or neglect.

In our interviews with caretakers and caseworkers we asked a number of questions tapping various aspects of functioning. We asked most of these questions in all three interviews with caretakers (at the beginning of service, four to six weeks after service began, and one year after the beginning of service) and in the two interviews with caseworkers (at the beginning of service and four to six weeks later). In the initial interview, we usually asked respondents to answer in terms of circumstances in the last three months. In the post-treatment and followup interviews, we asked in terms of "since we last talked to you [at the time of the initial interview or the post-treatment interview]." To indicate the effects of family preservation services, we can compare the experimental and control groups on the responses to these questions in the second and third interviews and on change between interviews. We report on the responses to a number of individual items in our interviews. In addition, we combined the responses to many questions into summated scales.(32) We examined differences between experimental and control groups in each state in the average levels of these scales at post-treatment and at followup and we examined changes over time in these averages using multivariate repeated measures analysis.(33) The results of the analyses of the scales are shown in Tables 3-3, 3-4, and 3-5 and in Figure 3-4.(34)

Table 3-3
Kentucky Family and Child Functioning Scales

		Post-Treatment			followup			Multivariate Repeated Measures										
									Means			Multivariate ps			Univariate ps-time		Univariate ps-Grp-time interaction	
		N	M^a	p^b	N	M	p	N	Initial	Post	Follow	Grp^c	$Time^d$	Time - Grp^e	Initial v. $later^f$	Post v. $Follow^g$	Initial v. later	Post v. Follow
Positive life events	C	146	.12		119	.22		108	.16	.12	.21	.42	.001	.41		.001		
	E	148	.14		130	.21		117	.18	.14	.20							
Negative life events	C	146	.04		119	.07		108	.08	.03	.07	.40	.001	.27	.001	.001		
	E	148	.03		130	.09		117	.10	.03	.09							
Life events depression	C	145	.35		119	.37		107	.45	.36	.38	.40	.001	.38	.001			
	E	147	.36		130	.40		117	.50	.37	.42							
Economic functioning	C	142	.17		118	.17		105	.22	.15	.18	.08	.001	.27	.001			
	E	144	.22		127	.20		111	.32	.23	.20							
Punishment	C	143	.16		113	.15		101	.22	.17	.15	.49	.001	.36	.001	.09		

	E	147	.17		121	.15		109	.25	.18	.15							
Child aggression	C	146	1.36		119	1.24		108	1.56	1.44	1.29	.84	.001	.96	.001	.05		
	E	148	1.33		130	1.29		117	1.57	1.44	1.32							
School problems	C	112	.22		96	.25		78	.29	.24	.27	.14	.03	.41	.01			
	E	101	.20		97	.19		77	.26	.21	.18							
Child withdrawn	C	146	.89		119	.99		108	1.08	.89	1.00	.99	.001	.29	.001			
	E	148	.93		130	.93		117	1.08	.97	.93							
Stolen things or arrested	C	146	.34		119	.39		108	.31	.34	.39	.76	.75	.07			.03	
	E	148	.32		130	.31		117	.44	.35	.32							
Child substance abuse	C	146	.07		119	.03		108	.05	.07	.04	.40	.35	.67				
	E	148	.04		130	.02		117	.03	.03	.03							
Child problems	C	146	2.20		119	1.89		108	2.44	2.23	2.18	.87	.001	.47	.001			
	E	148	2.05		130	2.04		117	2.56	2.14	2.07							
Negative child behaviors	C	140	.34		107	.33		98	.37	.34	.34	.95	.001	.47	.001			
	E	139	.34		120	.34		106	.39	.34	.33							
Positive child behaviors	C	142	.71		109	.67		99	.70	.69	.67	.78	.31	.84				
	E	142	.71		121	.68		109	.69	.69	.67							
Household condition	C	142	.02		119	.02		102	.05	.02	.02	.29	.002	.45	.001			
	E	147	.02		129	.01		111	.03	.01	.01							
Depression (SCL-90)	C	145	.79		119	.67		107	.95	.77	.70	.67	.001	.31	.001			
	E	146	.74		130	.79		115	.96	.74	.83							
Positive child care practices	C	140	.85		107	.82		94	.87	.85	.83	.55	.09	.97	.06			
	E	143	.82		116	.81		103	.85	.84	.81							
Negative child care practices	C	141	.14		109	.12		97	.17	.15	.12	.57	.001	.22	.001	.05		
	E	144	.13		117	.13		104	.20	.14	.13							

[a] Means of control and experimental groups

[b] Test of hypothesis of equivalent group means

[c] Test of hypothesis that group means, averaged over time, are equal

[d] Test of hypothesis that means at three points in time, averaged over the groups, are equal

[e] Test of hypothesis of no interaction between group and time, that is, that the pattern of means over time is the same for both groups

[f] Test of hypothesis that time one is equal to average of time two and time three

[g] Test of hypothesis that time two is equal to time three

Table 3-4
New Jersey Family and Child Functioning Scales

		Post-Treatment			followup				Multivariate Repeated Measures									
									Means			Multivariate ps			Univariate ps-Time		Univariate ps-Grp-time interaction	
		N	M[a]	p[b]	N	M	p	N	Initial	Post	Follow	Grp[c]	Time[d]	Time - Grp[e]	Initial v. later[f]	Post v. Follow[g]	Initial v. later	Post v. Follow
Positive	C	133	.15		107	.23		83	.19	.16	.25	.05	.001	.99		.001		

life events	E	210	.13		166	.21		129	.17	.13	.22							
Negative life events	C	133	.04		107	.09		83	.13	.04	.10	.46	.001	.49	.001	.001		
	E	210	.05		166	.11		129	.11	.04	.09							
Life events depression	C	133	.42		106	.47		83	.48	.38	.44	.93	.001	.33	.001			
	E	210	.39		165	.42		128	.52	.39	.41							
Economic functioning	C	132	.34	.02	107	.36		83	.39	.33	.33	.07	.06	.31	.06			
	E	209	.25		167	.31		129	.29	.24	.30							
Punishment	C	131	.25	.04	105	.21		80	.31	.25	.22	.03	.001	.93	.001	.03		
	E	209	.20		167	.18		129	.27	.20	.17							
Child aggression	C	134	1.68	.09	107	1.38		84	1.89	1.77	1.37	.05	.001	.26	.001	.001		
	E	210	1.48		167	1.32		130	1.62	1.44	1.28							
School problems	C	118	.22		96	.34		69	.36	.26	.36	.009	.001	.84	.01	.003		
	E	197	.20		157	.28		121	.29	.19	.26							
Child withdrawn	C	134	.40		107	.41		84	.62	.42	.37	.38	.001	.51	.001			
	E	210	.40		167	.38		130	.50	.41	.33							
Stolen things or arrested	C	134	.37		107	.42		84	.58	.35	.44	.60	.001	.99	.001	.05		
	E	210	.29		167	.48		130	.55	.31	.41							
Child substance abuse	C	134	.16		107	.20		84	.26	.13	.18	.94	.01	.71	.02	.10		
	E	210	.17		167	.27		130	.23	.14	.22							
Child problems	C	134	2.64		107	2.88		84	3.00	2.70	2.99	.57	.001	.45	.003	.09		
	E	210	2.64		167	2.83		130	3.03	2.62	2.73							
Negative child behaviors	C	130	.33	.04	105	.34		81	.41	.34	.35	.005	.001	.84	.001	.001		
	E	207	.28		163	.32		126	.35	.28	.30							
Positive child behaviors	C	132	.74		106	.75		83	.73	.75	.77	.63	.01	.69	.02	.02		
	E	208	.73		163	.76		128	.72	.73	.77							
Household condition	C	134	.06		107	.04		84	.06	.06	.03	.78	.05	.38	.04			
	E	210	.05		167	.05		129	.06	.05	.04							
Depression (SCL-90)	C	134	1.00	.08	105	.85		83	1.01	.84	.82	.92	.001	.71	.001			
	E	209	.83		166	.82		127	1.04	.89	.77							
Positive child care practices	C	128	.76		103	.76		77	.79	.77	.77	.43	.11	.67	.06			
	E	206	.77		163	.80		124	.82	.78	.79							
Negative child care practices	C	129	.18	.02	101	.14		76	.21	.18	.14	.07	.001	.34	.001	.06		
	E	207	.14		162	.13		124	.19	.13	.13							

a Means of control and experimental groups

[b] Test of hypothesis of equivalent group means

[c] Test of hypothesis that group means, averaged over time, are equal

[d] Test of hypothesis that means at three points in time, averaged over the groups, are equal

[e] Test of hypothesis of no interaction between group and time, that is, that the pattern of means over time is the same for both groups

[f] Test of hypothesis that time one is equal to average of time two and time three

[g] Test of hypothesis that time two is equal to time three

Table 3-5
Tennessee Family And Child Functioning Scales

		Post-Treatment			followup			Multivariate Repeated Measures										
									Means			Multivariate ps			Univariate ps-Time		Univariate ps-Grp-time interaction	
		N	M[a]	p[b]	N	M	p	N	Initial	Post	Follow	Grp[c]	Time[d]	Time - Grp[e]	Initial v. later[f]	Post v. Follow[g]	Initial v. later	Post v. Follow
Positive life events	C	37	.14		36	.31		28	.20	.15	.32	.53	.001	.76		.001		
	E	80	.18		74	.31		61	.24	.19	.31							
Negative life events	C	37	.05		36	.14		28	.14	.06	.15	.13	.001	.77	.10	.001		
	E	80	.05		74	.11		61	.10	.04	.12							
Life events depression	C	31	.36		36	.35		28	.49	.40	.34	.85	.001	.66	.001			
	E	80	.34		74	.34		61	.50	.35	.34							
Economic functioning	C	37	.25		36	.33		28	.43	.25	.31	.06	.001	.86	.001			
	E	80	.18		73	.22		59	.31	.16	.19							
Punishment	C	37	.13		36	.10		28	.21	.12	.11	.45	.001	.11	.001	.09		.10
	E	76	.13		71	.07		54	.28	.15	.08							
Child aggression	C	37	.81		36	.86		28	.89	.86	.86	.97	.11	.18	.09			
	E	80	.86		74	.59		61	1.05	.93	.61							
School problems	C	32	.17		35	.20		22	.35	.25	.25	.11	.003	.65	.002			
	E	65	.15		63	.18		46	.23	.15	.20							
Child withdrawn	C	37	.27		36	.28		28	.68	.25	.32	.94	.001	.10	.01			
	E	80	.38		74	.23		61	.59	.41	.23							
Stolen things or arrested	C	37	.19		36	.47		28	.50	.25	.50	.27	.004	.66	.04	.007		
	E	80	.19		74	.34		61	.43	.18	.31							
Child substance abuse	C	37	.03		36	.03		28	.00	.04	.04	.44	.97	.31				
	E	80	.03		74	.04		61	.08	.03	.05							
Child problems	C	37	2.08		36	2.03		28	2.39	2.14	2.04	.49	.02	.70	.005			
	E	80	1.72		74	1.70		61	2.33	1.84	1.80							
Negative child behaviors	C	34	.21		35	.22		26	.33	.23	.23	.52	.001	.81	.001			
	E	72	.21		71	.19		55	.30	.22	.20							
Positive child behaviors	C	34	.81		36	.90	.07	26	.83	.80	.90	.69	.03	.26		.01		
	E	72	.83		70	.86		54	.81	.83	.85							
Household condition	C	36	.07		34	.10		25	.13	.08	.14	.09	.28	.38				
	E	78	.06		71	.06		58	.09	.07	.06							
Depression (SCL-90)	C	37	.76		36	.83		28	1.00	.81	.72	.89	.008	.64	.002			
Positive child care practices	E	80	.70		74	.73		61	1.03	.71	.73							
	C	36	.82		34	.96		24	.90	.89	.94	.70	.05	.71		.01		
	E	71	.88		67	.93		48	.90	.86	.95							
Negative child care practices	C	35	.09		33	.07		25	.11	.09	.08	.38	.001	.09	.001		.03	
	E	72	.09		66	.06		50	.18	.09	.07							

Evaluation of Family Preservation and Reunification Programs: Final Report: Volume 2: Philadelphia

4. Philadelphia

[Main Page of Report | Contents of Report]

Contents

- 4.1 Introduction
- 4.2 The Philadelphia Families
    - 4.2.1 Family Problems
    - 4.2.2 Child Problems
    - 4.2.3 Caretaker Abuse or Neglect as a Child
    - 4.2.4 Previous Allegations and Placement
    - 4.2.5 Social Program Participation
- 4.3 Summary of Sample Description
- 4.4 Services
    - 4.4.1 Services During the Treatment Period
    - 4.4.2 Summary of Services During the Treatment Period
    - 4.4.3 Services During the Followup Period
    - 4.4.4 Summary of Followup Services.
- 4.5 Outcomes
    - 4.5.1 Substitute Care Placement Following Random Assignment
    - 4.5.2 Allegations of Maltreatment Following Random Assignment
    - 4.5.3 Family and Child Functioning - Caretaker Interviews
    - 4.5.4 Information from Caseworkers on Functioning
    - 4.5.5 Summary of Outcome Data

Endnotes

4.1 Introduction

Philadelphia was selected for the evaluation because it employed an alternative, somewhat less intensive, longer term approach, and therefore provides some contrast with the Homebuilders sites. In addition, the programs in Philadelphia that were examined were thought to focus on families with substance abuse problems which was not the case in the other sites.

As in the other states, the design for the evaluation in Philadelphia was an experiment in which families were randomly assigned to either the family preservation program (the experimental group) or to other, "regular," services of the child welfare system (the control group). In Philadelphia, both the experimental group and control group received services from private agencies under contract with the public child welfare agency. The public agency has a specialized family preservation unit that develops selection criteria, approves families to receive family preservation services and works closely with the private providers. All other in-home services, known as SCOH (Services to Children in their Own Homes), are delivered by private providers and monitored by the Department's caseworkers. During the evaluation period, experimental cases received family preservation services and control cases received SCOH services. Family preservation is a three-month program that requires workers to spend at least 5 to 10 hours per week with the family.

A description of data collection and sample size in Philadelphia is found in Volume 1, Chapter 6 of this report.

[Go To Contents]

4.2 The Philadelphia Families

Descriptive information about the Philadelphia families was gathered from the initial interviews with caretakers (n = 263) and is summarized in Table 4-1. Because families were randomly assigned, we would expect the families in the experimental and control groups to be similar at the time of random assignment, and for that reason, the sample is described as a whole. Differences between the two groups were examined and there were no characteristics on which the groups differed to a statistically significant degree.

The respondents were primarily women (95%). Most (91%) of the respondents were birth mothers, 5 percent were biological fathers, just under 3 percent were grandparents, and

Table 4-1
Description of the Philadelphia Families at Time of Initial Interviews

	N	%
Gender of caretaker/respondent	263	
Male		5.3
Female		94.7
Race of caretaker/respondent	263	
African American (not Hispanic)		80.0
Caucasian (not Hispanic)		15.0
Hispanic		2.3
Other		1.9
Respondent's education level	263	
Elementary school or less		3.8
Some high school		61.0
High school graduate or obtained GED		18.7
College		11.0
Special education or vocational schooling		4.2
Respondent's marital status	263	
Married		9.5
Divorced		6.8
Separated		11.0
Widowed		3.0
Never married		69.0
Respondent's relationship to youngest child	263	
Birth mother		90.5
Biological father		4.6
Grandparent		2.7
Other relative		2.3
Household composition	263	
Birth mother, no other adults		49.8
Birth mother & 1 male adult		19.8
Birth mother & extended family*		18.6
Biological father*		4.6
Other relative caretaker*		4.6
Other**		2.7
	N	Mean
Age of respondent	260	31.78
Age of youngest child	263	3.36
Age of oldest child	263	9.83

Number of kids	263	3.40
Number of adults	263	1.60

* These categories may also include other non-related adults in the home
**Includes: nonrelative caretaker, adoptive or step-parent, birth mother & non-related females, or birth mother, and more than one non-related male

just over 2 percent were other relatives. The racial composition of the respondents was mostly African American (not Hispanic), at 80 percent, with 15 percent Caucasian (not Hispanic), and the remainder Hispanic and other. The average age of the respondents was 32 (s.d. = 9.11). Just under 4 percent of the respondents had less than a high school level education, 61 percent had some high school, 19 percent had graduated from high school or obtained a GED, 11 percent had at least some college education, and 4 percent had special education or vocational schooling. Approximately 10 percent of the respondents indicated they were married, 7 percent divorced, 11 percent separated, 3 percent widowed, and 69 percent never married. Twenty-two percent reported that they were living with a spouse or partner. At the time of the first interview, 17 percent of the respondents indicated they were employed, 43 percent were unemployed and looking for work, and 40 percent were unemployed and not looking for work. Overall, 65 percent of the respondents rented their homes.

On average, these families were comprised of 1.6 adults and 3.4 children for an overall average family size of 5.0 persons. The average age of the youngest child in the family was 3.45 years (s.d. = 3.75), and the average age of the oldest child in the family was 9.8 years (s.d. = 4.47). Respondents were also asked to provide information regarding the relationship of other adults in the home relative to the youngest child in the home. This information was then used to determine household composition for these families. Approximately one half of the households were headed by a single birth mother, 20 percent had a birth mother residing with one male adult, 19 percent had a birth mother and extended family, 5 percent were headed by a biological father, and 5 percent were headed by another relative caretaker.

4.2.1 Family Problems

Problems and strengths identified by Philadelphia caretakers are summarized in Table 4-2. Most (96%) respondents felt they were "doing a pretty good job raising [their] kids." Still, data from the time one interviews provides us with some sense of the difficulties these families faced as caretakers were asked whether or not they had experienced certain problems in the last month. With regard to emotional problems, 62 percent of the respondents reported feeling "blue or depressed," 53 percent reported feeling nervous or tense, 52 percent were overwhelmed by work or family responsibilities, 33 percent said they had just wanted to give up at some point in the last month, and 35 percent felt they had few or no friends.

With regard to financial difficulties, 56 percent responded that in the past month they did not feel they had enough money for food, rent, or clothing. In response to more specific

Table 4-2
Philadelphia Caretaker Problems and Strengths, Caretaker Initial Interview(% responding yes)

Problems	Control	Experimental	p
Felt blue or depressed	58	65	
Felt nervous or tense	50	54	
Just wanted to give up	35	32	
Overwhelmed with work or family responsibility	48	55	
Felt you had few or no friends	35	35	
Not enough money for food, rent, or clothing	60	54	
Gotten in trouble with the law	0	3	
Had too much to drink in a week	7	3	
Used drugs several times a week	6	10	
Economic Items			
Had difficulty paying rent	25	25	
Had difficulty paying electric/heat	38	35	
Had difficulty buying enough food	18	21	
Had difficulty buying clothes	40	40	

Positive Items			
Have you felt happy	69	77	
Gotten together with anyone to have fun/relax	0	3	
Doing a pretty good job raising kids	95	97	

questions about difficulties paying bills in the past 3 months, 25 percent reported difficulty paying rent, 36 percent reported difficulty paying electric or heating bills, 20 percent difficulty buying food for the family, and 40 percent difficulty buying clothes for their children.

Although the Philadelphia program was intended to be focused on substance abuse, only five percent of respondents acknowledged having too much to drink several times a week, and 8 percent reported using drugs several times a week. When caretakers were asked whether a child or children they care for went through alcohol or drug withdrawal when born, 8 percent responded affirmatively.(57) Less than 2 percent of respondents indicated they had gotten in trouble with the law in the past month.

4.2.2 Child Problems

Table 4-3 shows caretakers' responses to questions about problems of children in the families. About three-fifths of respondents reported that their child "gets upset easily," and almost three-fourths reported that at least one child throws tantrums. Approximately one-fifth of the caretakers reported school problems for a child in the family; 19 percent had been absent a lot, 25 percent had failed a class, and 22 percent had been temporarily suspended from school. Approximately one-third of the caretakers reported aggressive behavior by the child; 31 percent indicated a child in their family "fights a lot with other kids" and 33 percent reported that the child is aggressive toward the caretaker.

4.2.3 Caretaker Abuse or Neglect as a Child

When asked two separate questions about whether they had been abused or neglected as a child, 32 percent of the respondents reported having been abused and 23 percent neglected. Eighteen percent responded affirmatively to both questions, and overall, 37 percent of the caretakers reported having either been abused, neglected, or both as a child. Thirteen percent of caretakers had been in a foster home or institution. Experimental and control groups did not differ significantly with respect to these previous experiences.(58)

4.2.4 Previous Allegations and Placement

Historical reports of maltreatment and historical records of placement in substitute care were contained within the administrative data files. Three hundred and thirty-one (95%) of the families had been investigated for maltreatment prior to random assignment. Two hundred and eighty-three (81%) of the families had experienced at least one substantiated prior to random assignment.(59) The administrative files reported four types of allegations: physical abuse, neglect, sexual maltreatment, and other. The allegation just prior to random assignment was of primary interest. This particular allegation provides some indication of reason for referral to

Table 4-3
Concerns and Problems Regarding Children, Philadelphia Caretaker
Initial Interview (% responding yes regarding any child that the respondent cares for)

	N	%
Asked about all children...		
Child went through alcohol withdrawal at birth	262	3
Child went through drug withdrawal when born	262	8
Child doesn't show much interest in what is going on	259	17
Child is smaller/lighter than other children	262	21
Child get(s) upset easily	259	59
Asked for children over 3 months old...		
Is/Are funny and makes you laugh	251	99

Like(s) to share things with others	248	90
Throw(s) tantrums	251	70
Is/are shy and withdrawn	251	36
Is/are outgoing and friendly	252	97
Is/are good looking	252	100
Fight(s) a lot with other kids	247	31
Has/have language problems	246	18
Asked for children over 4 years old...		
Is/are very aggressive toward you	217	33
Has/have a special talent in music	217	51
Like(s) animals	217	95
Is/are good at sports	216	79
Usually does the right thing	217	86
Hangs with friends you don't like	215	25
In the past 3 months, has any child you care for...		
Gone to church regularly	216	42
Been absent from school a lot	207	19
Run away from home overnight	199	5
Been temporarily suspended from school	205	22
Been expelled from school	205	4
Taken care of younger children	204	36
Took something that didn't belong	216	24
Absent from school/no good reason	205	9
Received special education at school	206	25
Failed any classes	205	25
Received counseling	205	28
Asked for any child over age 7...		
In the last 3 months, has any child been arrested	174	7
Asked only for children over age 10...		
Has child age 11 or older had alcohol problems	115	0
Has child age 11 or older had a drug problem	114	4
Has any girl age 12 to 18 been pregnant	57	4
Has any boy age 14 to 18 fathered a child	19	0

family preservation. The distribution of last substantiated allegation prior to random assignment is as follows: 29 percent physical abuse, 66 percent neglect, 2 percent sexual maltreatment, and 3 percent other.

Regarding substitute care placement, 131 children in 63 (18%) families had experienced placement prior to random assignment. For these cases, on average, 42.5 months elapsed between the last day of care and random assignment. In the placement spell just prior to random assignment the average length of time in substitute care was 6.7 months.(60)

4.2.5 Social Program Participation

In the initial interview, respondents were asked whether they or anyone else in the household had participated in various social programs within the past 3 months. The overall rates of participation are provided in Table 4-4. Approximately four-fifths indicated that they received food stamps, just over two-thirds received AFDC, slightly less than half received WIC, about one quarter received social security disability, and less than one-tenth received a housing voucher. Overall, respondents indicated that they participated in an average of 2.3 of the 5 income support programs listed (s.d. = 1.2) and 90 percent of the sample participated in at least one of the five programs. There were no significant differences between experimental and control groups in the rate of participation in income support programs. Reports of participation in alcoholism, drug treatment, marriage counseling, and job training programs were less than 10 percent for each. Slightly less than a third of the sample reported participation in Head Start or another pre-school program.

[Go To Contents]

4.3 Summary of Sample Description

Most of the respondents to the first interview were women and birth mothers of the youngest child in the home. Eighty percent of the respondents were African-American (not Hispanic) and 15 percent were Caucasian. Approximately two-thirds of the respondents had not graduated from high school, slightly more than two-thirds were never married, and over four-fifths were unemployed. About half of the households were headed by a single birth mother, and the average age of the respondents was just under 32 years. On average there were 1.6 adults and 3.4 children in the home, with the average age of the youngest child 3.4 years and the average age of the oldest child 9.8 years.

Table 4-4
Philadelphia Participation in Social Programs Prior to Initial Interview

Program	Percent
Food stamps	80.2
Job training	23.3
WIC	46.2
AFDC	70.1
Housing vouchers	7.3
Social security disability	25.2
Alcoholism program	5.7
Drug treatment program	14.5
Marriage counseling	0.8
Community mental health program	11.5
Head Start/pre-school	36.9

Over half of the respondents answered affirmatively to each of three questions about emotional difficulties: "feeling blue or depressed," "feeling nervous or tense," and "feeling overwhelmed with work or family responsibility." More than half of the respondents also indicated that they did not have enough money for food, rent, or clothing. Eleven percent said they had problems with alcohol or drugs, and just over one-third reported that they had been abused, neglected, or both as a child.

Ninety percent of the respondents indicated that they participated in at least one of 5 income support programs: AFDC, food stamps, WIC, Social Security disability, and housing vouchers. The rate of participation was less than 10 percent for alcoholism treatment, drug treatment, marriage counseling, and job training. About one-third of the respondents indicated participation in Head Start or another pre-school program.

Ninety-five percent of the families in the study had an investigation prior to their referral for family preservation services and 80 percent had at least one substantiated allegation. Seventeen percent of the families experienced placement of at least one child prior to the referral for family preservation services. With respect to sample characteristics, there were no significant differences between the experimental and control groups.

[Go To Contents]

4.4 Services

4.4.1 Services During the Treatment Period

In the second interview with caretakers and caseworkers, we asked questions about services offered and received during the period since random assignment. Experimental and control group responses to these questions were compared. This analysis documents the services received by both groups (thereby beginning to get into the "black box" of services) and determines whether the experimental group in fact did receive more services and more intense services than the control group.

Caseworker Activities. Caretakers were asked to indicate whether the caseworker provided help with a number of specific problems. Table 4-5 shows the number of affirmative responses in each group. According to caretakers, the most common activities in which workers engaged were discussing discipline, providing transportation, and telling caretakers about other agencies that offer services. Of the 19 items on which caretakers were questioned, the control group workers reportedly engaged in one activity, advising on substance abuse, more than the experimental group workers (26% vs. 18%), however, the difference was not statistically significant (p = .16). For 8 of the 19 items, experimental group workers reportedly engaged in the activity significantly more often than control group workers (all at p = .05 or less). (61) The activities engaged in more often by experimental group workers include: help with money for other things, providing transportation, talking with caretaker about discipline, advising how to get medical care, discussing how to get a better place, advising on job training programs, talking about how to get a paying job, and advising on how to continue school.

Table 4-5
Philadelphia Caretaker Reports of Caseworker Activities, Post-treatment Interview

	Control %	Experimental %	p
Caseworker helped with money for rent/elect./phone	3	4	
Caseworker helped with money for other things	5	22	.001
Caseworker provided transportation	35	50	.03
Caseworker discussed proper feeding of child	22	28	
Caseworker talked with you about discipline	32	53	.002
Caseworker talked with you on relations with spouse	13	20	
Caseworker helped you clean house	6	7	
Caseworker helped with painting/house repairs	01	4	
Caseworker discussed how to get childcare	21	32	.08
Caseworker helped with welfare/food Stamps	4	9	
Caseworker advised how to get medical care	10	23	.02
Caseworker talked with you how to handle anger	31	37	
Caseworker advised you on substance abuse	26	18	
Caseworker discussed with you how to get a better place	25	38	.05
Caseworker advised on job training programs	23	36	.04
Caseworker talked about how to get a paying job	19	33	.02
Caseworker advised on how to continue school	21	34	.03
Caseworker arranged for some childcare	5	8	
Caseworker told you about other agencies	39	47	

A total count of the number of these 19 caseworker activities reported by caretakers also shows significant differences between the experimental and control groups. Caretakers in the experimental group reported an average of 4.6 caseworker activities (n = 148, s.d. = 3.8) while caretakers in the control group reported an average of 2.9 caseworker activities (n = 113, s.d. = 3.1) (p = .001). (62) When asked which of the caseworker activities were especially helpful, experimental group caretakers judged significantly more activities to be helpful than did control group caretakers (2.2 vs. 1.5, p = .02). (63)

Social Program Participation. In the second interview, caretakers were again asked about their participation in the set of social programs listed in Table 4-6, except this time they were asked to report their participation since the time of the first interview. The proportions of involvement were remarkably similar to those in the first interview with a change of 2 percent or

Table 4-6
Philadelphia Participation in Social Programs, Post-treatment Interview

Program	C %	E %	p
Food stamps	78	80	
Job training	20	26	
WIC	40	44	
AFDC	65	70	
Housing vouchers	10	5	
Social security disability	29	23	
Alcoholism program	8	7	
Drug treatment program	13	16	
Marriage counseling	2	2	
Community mental health program	13	13	
Head Start/pre-school	29	32	

Note: C = Control Group, E = Experimental Group

less for most programs. Exceptions to this were a 4.1 percent decrease in participation in WIC services, and a 6.1 percent decrease for participation in Head Start or Pre-school programs, perhaps due to the aging of youngest children. There were no significant differences between experimental and control groups for participation in any of the social programs at the time of the second interview. No significant differences were found with respect to the total number of income support programs or treatment programs in which respondents participated since the time of the first interview.

Caretakers' Reports of Services. In the second interviews, caretakers were asked if they had received any of a set of specific services in the time since the first interview. As shown in Table 4-7, there were no significant differences between the experimental and control groups in receipt of any of these services in the primary analysis. (64) In a separate question, caretakers were asked whether the agency provided homemaker services or the assistance of a parent aide.

Table 4-7
Philadelphia Caretaker Report of Services, Post-treatment Interview

	Control %	Experimental %	p
Daycare	11	15	
Help in finding a place to live	9	9	
Staying at an emergency shelter	4	3	
Medical or dental care	33	39	
Transportation	25	39	
Education services/GED	9	11	
Parent education/training classes	16	37	
Legal services	7	10	
Counseling	21	26	
Respite care	3	3	
Homemaker services	1	1	
A parent aide to help you	1	3	

Fewer than 3 percent of all caretakers reported having a homemaker or receiving assistance from a parent aide, with no significant differences reported between the experimental and control groups (again, see Table 4-7 for details). When caretakers were asked whether they did not receive any services they felt were needed, 21 percent of the control group responded affirmatively and 18 percent of the experimental group responded affirmatively, a difference that was not statistically significant. (65)

Relationship with Caseworker. Table 4-8 shows results from a number of questions in which caretakers were asked about their relationships with caseworkers. Reports of the quality of the relationship were positive overall, with more than half of the respondents from both the experimental and control group indicating that the caseworker listened to their concerns, understood their situation, and agreed on the goals most of the time. A greater proportion of experimental group caretakers felt their workers helped them see their good qualities (82% vs. 68%, p = .01). With respect to the frequency of contact with the workers, approximately 20 percent of caretakers from both the experimental and control groups indicated they did not see their caseworkers often enough. A slightly greater proportion of caretakers in the experimental group indicated they saw their workers "more often than [they] wanted" (25% vs. 21%) and a slightly greater proportion of caretakers in the control group indicated they saw their workers "as often as [they] wanted" (59% vs. 57%). (66)

Table 4-8
Philadelphia Caretakers' Reports on Relationship with Caseworker, Post-treatment Intervie

	Control %	Experimental %	p
Worker listened to your concerns most of the time	81	80	
Worker understood your situation very well	82	82	
You and worker agreed on goals most of the time	67	71	.10
Did worker sometimes talk with you about issues that were not easy to talk about?	27	36	
Caseworker helped you to see your good qualities	68	82	.01
Caseworker helped you to see your problems	74	76	
Did you see your caseworker			
More often than you wanted	21	25	
As often as you wanted	59	57	
Not often enough	20	18	

Caseworkers' Reports of Services. In the second interview, caseworkers were asked whether they had helped any member of the family with any of 25 services, such as child care, homemaker services, income programs, treatment programs of various sorts, and health care. Table 4-9 provides a list of these 25 items and the proportion of caseworkers who indicated service was provided. Caseworkers from the experimental group reported helping their clients with an average of 4.9 of these services (s.d. = 3.5), while caseworkers from the control group reported helping their clients with an average of 3.8 of these services (s.d. = 3.0; p = .0004). (67) In the primary analyses, an examination of individual services reveals 6 services that were provided significantly more often to the experimental group than to the control group (significance levels were all at p = .05 or less). These services include: childcare or babysitting, parent training, other housing assistance, emergency financial assistance, recreational services, and household management. No services were provided significantly more often to the control group. (68)

Table 4-9
Philadelphia Caseworkers' Report of Services Provided to Family, Post-treatment Interview

	Control %	Experimental %	p
Childcare or baby sitting	6	16	.02
AFDC or other public income (except SSI)	6	12	
SSI for adult or child	3	0	.06 (FE)
Food stamps	6	9	
Drug treatment	17	16	
Alcoholism treatment	8	8	
Legal aid	4	9	
Help with education	19	24	
Respite care	6	6	
Parent training	34	62	.001
Health care	28	35	

Inpatient mental health	2	2	
Outpatient mental health/counseling	20	24	
Health assessment	23	31	
Housing financial assistance	3	8	.08
Other housing services	10	21	.02
W.I.C.	8	6	
Emergency financial assistance other than housing	23	54	.001
Job training	7	11	
Emergency shelter	1	2	
Recreational services	26	38	.05
Family planning	23	21	
Self help groups	9	16	
Household management	21	38	.004
Homemaker services	6	9	
Other	16	13	
N	99	151	
Note: "FE" indicates significance determined by Fisher's exact test			

Contact Data. One page contact reports were to be completed by all caseworkers for each face-to-face contact with a family member during the time period designated for family preservation services. On these forms, workers provided information about the date, time, persons involved, and the services delivered during each contact. Some data on contact forms are presented in Table 4-10. At least one contact form was submitted for 85 (59%) of the control group cases and 124 (59%) of the experimental group cases. The following analyses were limited

Table 4-10
Philadelphia Contact Forms

	C	E	p
Number of cases with at least one form submitted	85	124	
Average number of forms per case	9.9	17.6	.01
Average number of home visits	7.8	13.9	.01
Average number of visits with caretakers	8.2	15.4	.01
Average number of visits with the other parent	1.2	1.5	
Average number of visits with children	7.3	13.3	.01
Average number of contacts with service			
Concrete Services	C	E	P
Transportation	2.5	5.2	.01
Buying food	1.3	1.0	
Child care	2.1	1.2	.06
Clothing, furnishings, and supplies	0.9	1.5	.07
Topics of Discussion			
Discipline of children	3.5	4.4	
Goals	5.7	7.2	.10
Caretaker's interaction with children	4.4	4.2	
Child's anger management	1.8	2.0	
Supervision of children	4.1	4.3	

Money management	3.4	5.1	.05
Employment	2.7	4.6	.01
Conflict among adults	1.9	2.7	.10

Note: C = Control Group, E = Experimental Group
The contact forms contained additional concrete services and topics of discussion (see Appendix K, Volume 3). Only those that were most often reported are shown here. Entries are average numbers of times per family that an item was reported, for those families with at least one form submitted.

to those families with contact reports. On average, more contact forms were submitted for the experimental group than for the control group (17.6 vs. 9.9; $p < .001$). In addition to the overall number of reports submitted, the experimental group received significantly more home visits (13.9 vs. 7.8; $p < .001$), visits with caretakers (15.4 vs. 8.3; $p < .001$), and visits with children (13.3 vs. 7.3; $p < .001$). As experimental group families received significantly more contacts than the control group families, they also received significantly more individual activities. The most common concrete service was the provision of transportation (an average of 5.2 times for the experimental group vs. 2.5 times for the control group; $p < .001$). Child care was the second most common concrete service (an average of 1.2 times for the experimental group vs. 2.1 times for the control group; $p < .1$). Additional concrete services included clothing, furnishings, and supplies (1.5 times for the experimental group vs. 0.95 for the control group; $p < .1$).

Contact forms also captured general information about the topic of discussion, counseling, or instruction. The most common topics of discussion were the goals of working together (7.2 times in the experimental group vs. 5.7 times in the control group; $p < .1$), money management (5.1 vs. 3.4; $p < .05$), employment (4.6 vs. 2.7; $p < .01$), and conflict among adults (2.7 vs. 1.9; $p < .1$).

Additional data on experimental group contacts are shown in Table 4-11. These data confirm the fact that services to the experimental group often did not begin until sometime after random assignment. Only 8 percent of the cases had an in-home contact within 7 days and a relatively small proportion of contacts occurred in the first month.

Table 4-11
Philadelphia Experimental Group Contacts

	N	%
Number of families with contact data	124	60
Total number of contact forms submitted	2182	
Contacts in week 1	18	1
Contacts in month 1	479	16
Contacts in month 2	912	30
Contacts in month 3	825	27
In-home contact within 72 hours	3	2
In-home contact with 7 days	10	8
Concrete service within 7 days	8	7
Hours of contact	**N**	**Mean**
Average hours of contact overall	122	34.1
Average hours contact in month 1	89	8.8

4.4.2 Summary of Services During the Treatment Period

The caretaker interview, the caseworker interview, and the contacts data all confirmed the expectation that the experimental group would receive more and more intensive services than the control group. At time two, caretakers in the experimental group reported an average of 4.6 caseworker activities as compared to 2.9 for the control group. In addition to caseworker activities, caretakers were asked about specific services received. The following services were among those most often reported by caretakers: counseling, transportation, parent education or training, and medical or dental services. Differences between the experimental and control groups for the caretaker interview data include a significantly greater proportion of experimental group caretakers responding affirmatively to nine questions regarding caseworker activities. These nine activities and the response rates are provided in Table 4-12.

Consistent with the information provided by caretakers, caseworkers reported providing more services to families in the experimental group (an average of 4.9 services) than those in the control group (an average of 3.8 services, $p = .001$). For 6 of the specific services listed, a greater proportion of caseworkers in the experimental group reported providing services as compared to caseworkers in the control group (see Table 4-12).

The contact form data were consistent with both the caretaker and caseworker interview data in supporting the conclusion that the experimental group families received more services than did the control group families. An average of 17.6 contact forms were received for the experimental group as compared to an average of 9.9 contact forms for the control group. The contact forms also indicate that the experimental group received home visits, visits with the caretaker, and visits with the children significantly more often than did the control group. In response to questions pertaining to the nature of the relationship with the caseworker, caretakers from the experimental group were significantly more likely to indicate their workers helped them to see their good qualities.

4.4.3 Services During the Followup Period

When caretakers were interviewed a year after random assignment, they were asked some of the same questions about services received, this time since the last interview (since the end of family preservation services for the experimental group and during a comparable period for the control group). Tables 4-13, 4-14, and 4-15 show analyses of these questions.

Table 4-12
Summary of Services for Philadelphia, Post-treatment Interview

Caseworker Activities:			
Proportion of affirmative answers by caretakers to yes/no questions	**Control %**	**Experimental %**	**p**
Caseworker helped with money for other things	5	22	.001
Caseworker provided transportation	35	50	.03
Caseworker talked with you about discipline	32	53	.002
Caseworker advised how to get medical care	10	23	.02
Caseworker discussed with you how to get a better place	25	38	.05
Caseworker advised on job training programs	23	36	.04
Caseworker talked about how to get paying job	19	33	.02
Caseworker advised on how to continue school	21	34	.03
Caseworker helped you see good qualities	68	82	.01
Caseworker talked about how to get paying job	19	33	.02

	Control Mean	**Experimental Mean**	**p**
Caretaker report of number of caseworker activities	2.9	4.6	.0001
Caretaker report of number of "helpful" caseworker activities	1.5	2.2	.02

Services Provided:			
Proportion of affirmative answers by caretakers to yes/no questions	**Control %**	**Experimental %**	**p**
Childcare or baby sitting	6	16	.02
Parent training	34	62	.001
Other housing services	10	21	.02
Emergency financial assistance	23	54	.001
Recreational services	26	38	.05
Household management	21	38	.004

	Control	**Experimental**	**p**

	Mean	Mean	
Caseworker report of number of services provided	3.4	4.9	.0004
Note: This table only includes items with a primary p-value less than or equal to .05 Items in bold indicate significant findings in favor of the experimental group.			

Table 4-13
Philadelphia Caretaker Reports of Caseworker Activities, Followup Interview

	Control %	Experimental %	p
Caseworker helped with money for rent/electricity/phone	4	4	
Caseworker helped with money for other things	18	16	
Caseworker provided transportation	29	32	
Caseworker discussed proper feeding of child	16	13	
Caseworker talked with you about discipline	32	24	
Caseworker talked with you on relations with spouse	16	8	.08
Caseworker helped you clean house	3	6	
Caseworker helped with painting/house repairs	2	1	
Caseworker discussed how to get child care	14	17	
Caseworker helped with welfare/food Stamps	9	10	
Caseworker advised how to get medical care	10	14	
Caseworker talked with you how to handle anger	28	19	.10
Caseworker advised you on substance abuse	18	19	
Caseworker discussed with you how to get a better place	24	18	
Caseworker advised on job training programs	22	21	
Caseworker talked about how to get a paying job	23	16	
Caseworker advised on how to continue school	29	18	.05
Caseworker arranged for some child care	2	6	
Caseworker told you about other agencies	33	29	

Table 4-14
Philadelphia Participation in Social Programs, Followup Interview

Program	C %	E %	p
Food stamps	79	75	
Job training	21	31	.09
WIC	38	40	
AFDC	64	68	
Housing vouchers	12	10	
Social security disability	33	22	.07
Alcoholism program	10	04	
Drug treatment program	17	13	
Marriage counseling	1	2	
Community mental health program	9	14	
Head Start/pre-school	57	52	
Note: C = Control Group, E = Experimental Group			

Table 4-15

Philadelphia Caretaker Report of Services, Followup Interview

	Control %	Experimental %	p
Day care	17	25	
Help in finding a place to live	11	10	
Staying at an emergency shelter	4	6	
Medical or dental care	36	38	
Transportation	23	28	
Education services/GED	9	16	
Parent education/ training classes	17	29	.03
Legal services	7	10	
Counseling	23	29	
Respite care	1	1	
Homemaker services	0	1	
A parent aide to help you	2	3	

Caseworker Activities. Caretaker reports of caseworker activities since the post-treatment interview are shown in Table 4-13. Only one item showed significant differences between experimental and control groups in the primary analysis. Compared to caretakers in the experimental group, a significantly greater proportion of caretakers in the control group reported that their caseworkers advised them on how to continue school (29% vs. 18%; p = .05).(69)

Participation in Social Programs. As indicated in Table 4-14, there were no significant differences between the experimental and control groups with respect to involvement in social programs during the post-treatment period.(70)

Caretaker Report of Services. Table 4-15 indicates that there was only one service in which there is a significant difference between experimental and control groups in reported receipt of services during the post-treatment period. A greater proportion of experimental group respondents reported receiving parent education/training classes (29% vs. 17%; p = .03). (71)

4.4.4 Summary of Followup Services.

There were few significant differences between experimental and control groups on report of service as shown in Table 4-16. A significantly greater proportion of caretakers in the control group reported that, in the period of time since the post-treatment interview, their caseworker advised them on how to continue school. On the other hand, a significantly greater proportion of caretakers from the experimental group reported receiving parent education/training classes since the time of the post-treatment interview.

Table 4-16
Summary of Services in Philadelphia, Followup Interview

Caseworker Activities: (Proportion of affirmative answers to yes/no questions)	**Control %**	**Experimental %**	**p**
Caseworker advised on how to continue school	29	18	.05

Services Provided: (Proportion of affirmative answers to yes/no questions)	**Control %**	**Experimental %**	**p**
Parent education/training classes	17	29	**.03**
Note: Table only includes items with a primary p-value of .05 or less. Items in bold indicate significant findings in favor of the experimental group whereas italicized items indicate significant findings in favor of the control group.			

[Go To Contents]

4.5 Outcomes

The following outcome analyses compare the experimental and control groups. As previously discussed, there were a few cases in which the original random assignments were violated, that is control group families were given FPS services or minimal services were provided. There were also cases which are thought to have not received services before the post-treatment interview due to a delay in the assignment of a worker to that case. Therefore, analyses were conducted for the primary analysis group (the original random assignment group), the secondary analysis group (dropping the violations and minimal services cases from the original random assignment group), and, for interview data, the tertiary analysis group (dropping additional cases which appear to have not had a worker assigned in time for the post-treatment interview to determine effects of service).(72) Secondary and tertiary analyses are reported in footnotes.

4.5.1 Substitute Care Placement Following Random Assignment

Family preservation is believed to prevent unnecessary placement in substitute care. Prevention of placement is not as central an objective of family preservation in Philadelphia as in other locations, but it is, nonetheless, an outcome of interest. Table 4-17 provides data at the individual level for type of first placement after random assignment.(73) The administrative files contained subsequent placement data on 349 families, 205 in the experimental group and 144 families in the control group. Although the data were at the child level, the analyses are presented at the family level.(74)

Table 4-17
Type of First Placement After Random Assignment, Child Level

Philadelphia		
Type	**N**	**Percentage**
Foster care, institution	98	42.1
Foster care, home	92	39.5
Emergency shelter	29	12.4
Foster care, group	14	6.0
Total	233	100

In the experimental group, 148 children in 65 families (32%) experienced placement subsequent to random assignment. In control group, 85 children in 37 families (26%) experienced placement subsequent to random assignment. The differences were not statistically significant at the family level.

As in the other states, a simple comparison of overall percentages is not the most appropriate way to analyze these placement data. As families were randomly assigned at various points in time (between March 12, 1997 and June 23, 1999), the risk periods (amount of time eligible to experience placement) varied between families. The administrative data were collected on October 31, 2000 and therefore the minimum risk period was approximately sixteen months, and the maximum was more than 44 months. Hence, survival analyses were conducted to account for the varying risk periods.

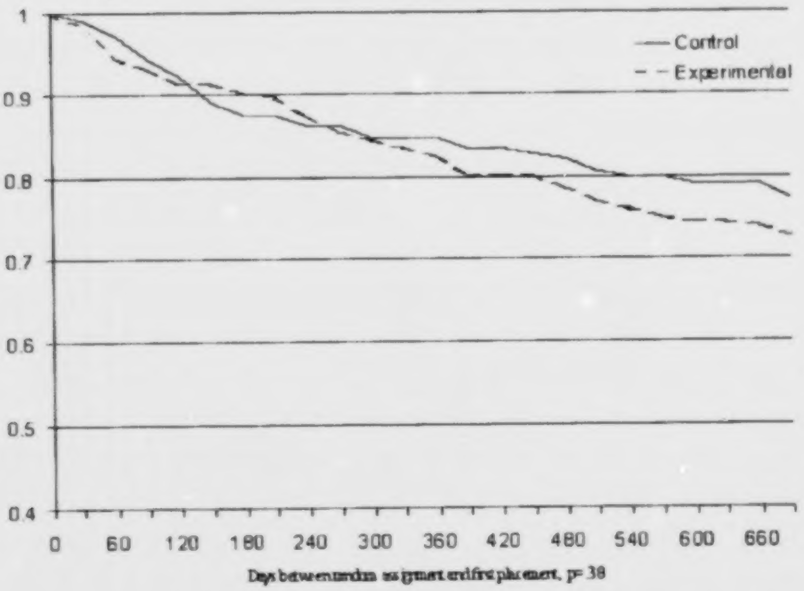
Child level data were aggregated to the family level for the following survival analyses. The family level survival analyses were developed based on all 1,212 children in the administrative data. Families survived if no child experienced subsequent placement. For those families with subsequent placement, the first placement date of any child in that particular family was used to calculate the time interval between random assignment and first subsequent placement. If multiple children were removed from a single home, the date of first placement was selected.

The family level analysis of subsequent placement is displayed in Figure 4-1. The survival curves and Wilcoxon statistic indicate that the survival rates are not statistically different between the experimental and control groups. At the one year interval, 18 percent of experimental group families and 15 percent of control group families experienced substitute care placement in the primary analysis.(75) The survival analyses suggest that there were no differences between the rates of placement in the experimental and control groups. A summary of placement rates at various points in time following random assignment is shown in Table 4-18.

In addition to survival analyses, placement can be examined in terms of the proportion of time in substitute care subsequent to random assignment. The proportion is calculated by dividing the number of days in care by the number of days of possible care (number of days between random assignment and the date of administrative data collection). As the proportions are calculated at the family level, the number of days in care represents the total number of care days summed across all children within a particular family. Similarly, the number of possible care days represents the total number of possible care days summed across all children within a

Figure 4-1
First Placement after Random Assignment (Families)

Philadelphia, primary



Philadelphia, secondary

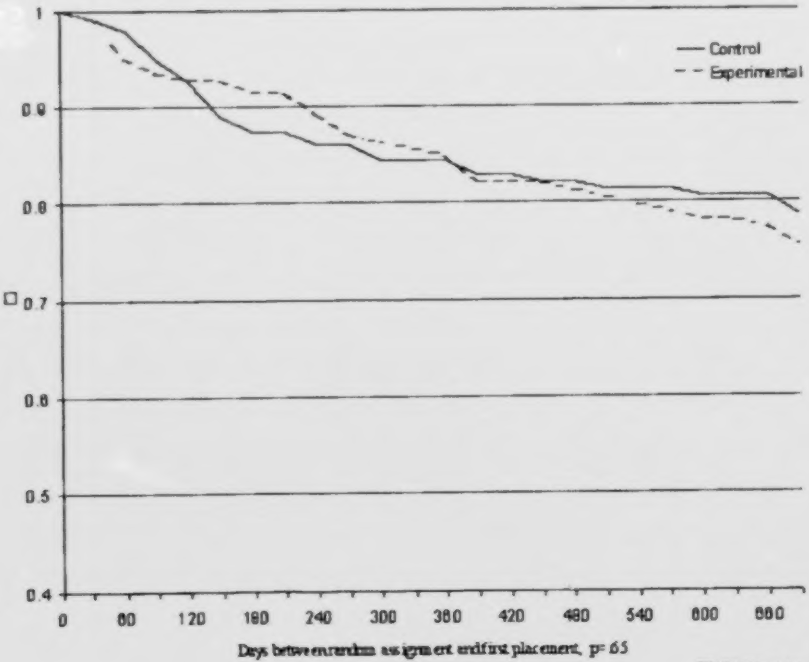


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Table 4-18
Summary of Philadelphia Placement Data, Survival Analyses Families Experiencing Placement of at Least One Child Within Specified Periods of Time

	1 month		6 months		12 months		18 months	
	C %	E %	C %	E %	C %	E %	C %	E %
Primary analysis	1	1	12	10	15	18	20	24
Secondary analysis	1	1	13	9	16	15	19	21
Note: C = Control Group, E = Experimental Group								

particular family. The number of possible care days is adjusted for a child's eighteenth birthday. In the experimental group, children spent an average of 6 percent of the days subsequent to random assignment in care. In the control group, children spent an average of 4 percent of the days subsequent to random assignment in care. This difference is not statistically significant.

4.5.2 Allegations of Maltreatment Following Random Assignment

Two hundred sixty-eight children in 110 families (54%) in the experimental group were the subjects of investigated allegations of maltreatment following random assignment, compared with 161 children in 69 families (50%) in the control group. The difference was not statistically significant at the family level. The distribution of the various types of allegations as follows: 43 percent physical abuse, 53 percent neglect, and 4 percent sexual maltreatment. One hundred twenty-three children in 60 families (29%) in the experimental group were the subjects of substantiated allegations of maltreatment compared with 67 children in 32 families (22%) in the control group. This difference was not statistically significant at the family level. The distribution of substantiated allegations is as follows: 53 percent physical abuse, 43 percent neglect, and 4 percent sexual maltreatment.

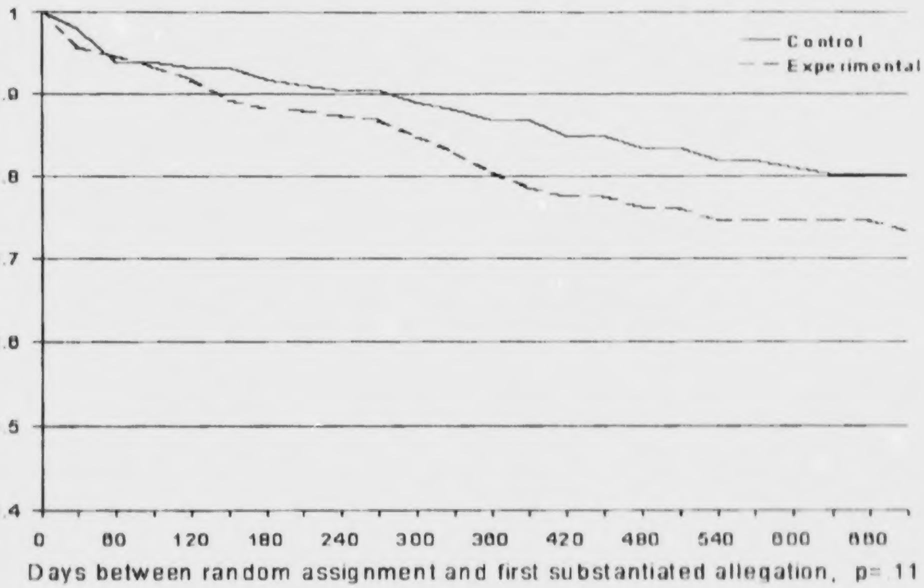
As with the analyses of subsequent placement, survival graphs were developed to compare the timing of subsequent substantiated allegations of maltreatment. (76) Again, survival analyses were conducted for both the primary and secondary analysis groups. Child level data were aggregated at the family level. There were no significant differences between the experimental and control groups. Figure 4-2 displays the survival curves for the primary analysis group. At one year, 20 percent of the experimental group and 13 percent of the control group families experienced substantiated reports of maltreatment subsequent to random assignment. At two years, 25 percent of the experimental group and 18 percent of the control group families experienced substantiated reports of maltreatment subsequent to random assignment.(77) The survival analyses indicate that experimental families did not experience fewer substantiated reports of maltreatment subsequent to random assignment.

Sub-group Analysis. We examined a number of subgroups of cases to determine whether we could detect differences between experimental and control groups on placement and substantiated allegations subsequent to random assignment within each subgroup. The results are shown in Table 4-19. Most of the subgroups were defined in terms of problems existing at the time of the initial interview. For both placement and substantiated allegations the table shows the number of cases in each subgroup, the percentage of cases in the subgroup experiencing the event within 6 months, the significance of the difference between the experimental and control groups in the occurrence of the event within six months, and the p value for the analysis of differences in survival curves. The first row of the table shows the results for the Philadelphia sample as a whole. Except for substance abuse, the definitions of the subgroups were determined from the initial caretaker interview. Very few caretakers acknowledged substance use in the first interview, so that subgroup was determined from information in both the caretaker and caseworker initial interviews.

As can be seen, nearly all of the experimental-control group comparisons shown are not significant. Of the 18 comparisons in the table, only one is significant at .05, that for

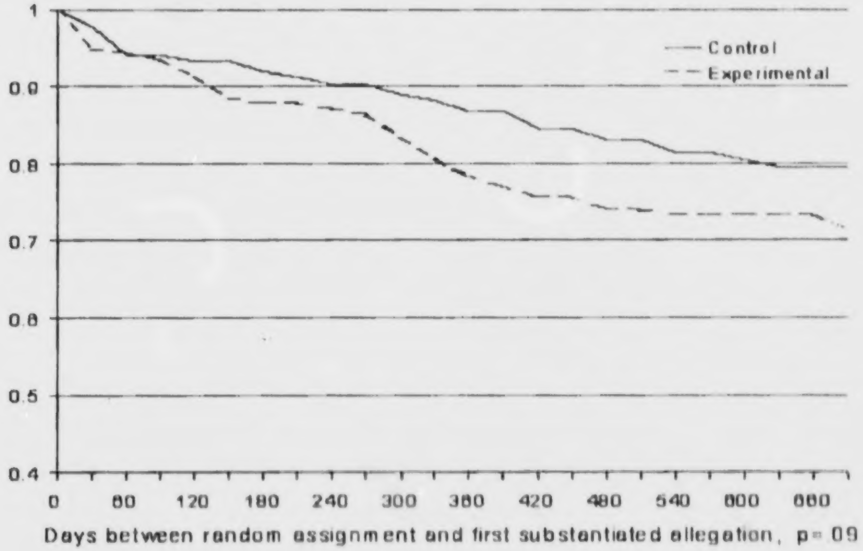
Figure 4-2
First Substantiated Allegation after Random Assignment (Families)

Philadelphia, primary



Days between random assignment and first substantiated allegation, p=.11

Philadelphia, secondary



Days between random assignment and first substantiated allegation, p=.09

Table 4-19
Philadelphia Subgroup AnalysesSignificance Levels of Differences Between Experimental and Control Groups

		Placement			Substantiated allegations		
		In 6 mos			In 6 mos		
Subgroup	**N**	**Overall %**	**p^a**	**Survival p**	**Overall %**	**p^a**	**Survival p**
Overall	349	9.5			10.0		.098

Substance abuse	72	11.1			11.1		
No substance abuse	186	9.1	.076		8.6		
Problems with bills	151	11.9			10.6		
Problems with daycare	143	9.8			10.5		
Depression[c]	139	12.9			8.6		.089
Problems with punishment	163	11.0			9.8		
Problems with school	98	13.3			6.1		.038[b]
Problems with employment	56	10.7			7.1		
Single mother	129	11.6			13.2		

[a] Fisher exact, two tail

[b] Experimental group more likely to experience subsequent allegation

[c] Caretakers with depression scores above median for the site

problems with school. Among those who identified a child having problems with school, those in the experimental group were more likely to have a substantiated allegation than those in the control group. In the analysis so far, efforts to find subgroups for which family preservation service was related to reduced placement have been unsuccessful.

4.5.3 Family and Child Functioning - Caretaker Interviews

Life Events. In both the initial and second interviews, caretakers were asked to respond to a 15 item "life events" inventory asking about the occurrence of both positive and negative

events (see Appendix K, Volume 3, Initial Caretaker Interview, p. 7, and Interim Caretaker Interview, p. 8). Three scales were formed from this inventory: positive life events, negative life events, and a scale of those life events that might reflect depression in the caretaker (we had a more formal depression measure as well, described below). In the post-treatment interview, the proportion of positive life events reported by caretakers in the experimental group was significantly higher than the proportion reported by caretakers in the control group (.19 vs. .15; $p = .05$). (78) The proportion of positive life events reported by caretakers in the experimental group remained higher in the followup interview (.23 vs. .20), however, the difference was not statistically significant. On the measures of negative life events and life events reflecting depression there were no statistically significant differences between the experimental and control groups at the time of the post-treatment or followup interviews. (79)

Problems. In the post-treatment and followup interviews, caretakers were again asked questions about problems in the family. These questions paralleled those asked in the first interview (see Section 4.2.1 Family Problems above, under Section 4.2 The Philadelphia Families), except this time caretakers were asked to respond to questions with regard to the time "since we last spoke to you." Tables 4-21 and 4-22 display these items and the proportion of affirmative responses at the time of the post-treatment and followup interviews. At the time of the post-treatment interview, there were no significant differences between the experimental and control groups responses to any of the nine items about problems in the family. (80) At the time of the followup interview, no significant differences were found on eight of the nine items in the primary analysis. However, on the question about the overall economic condition of the family,

Table 4-20
Philadelphia Family and Child Functioning Scales

		Post-Treatment			Followup			Multivariate Repeated Measures										
									Means			Multivariate ps			Univariate ps-Time		Univariate ps-Grp-time interaction	
		N	M[a]	p[b]	N	M	p	N	Initial	Post	Follow	Grp[c]	Time[d]	Time - Grp[e]	Initial v. later[f]	Post v. Follow[g]	Initial v. later	Post v. Follow
Positive	C	113	.15		90	.20		70	.13	.15	.21							

life events	E	148	.19	.05	135	.23		102	.17	.18	.23		.001		.003	.001		
Negative life events	C	113	.06		90	.08		70	.13	.11	.14		.02			.03		
	E	148	.05		135	.08		102	.10	.09	.12							
Life events depression	C	113	.38		89	.35		69	.43	.34	.33	.09	.001		.001			
	E	148	.41		135	.41		102	.53	.40	.42							
Paying bills	C	113	.27		90	.21	.08	70	.33	.23	.20		.02		.005			
	E	148	.31		134	.28		100	.32	.31	.30							
Income support	C	113	2.20		90	2.25		70	2.40	2.38	2.43							
	E	148	2.22		135	2.14		102	2.24	2.23	2.15							
Treatment programs	C	113	.36		90	.37		70	.39	.41	.40							
	E	148	.37		135	.32		102	.28	.39	.32							
Punishment	C	112	.16		89	.16		69	.20	.15	.15	.06	.002		.001			
	E	148	.19		132	.17		98	.25	.20	.17							
Child aggression	C	113	1.32		90	1.13		70	1.34	1.30	1.14							
	E	148	1.25		135	1.21		102	1.16	1.24	1.24							
School problems	C	93	.14		80	.16		56	.15	.14	.17					.07		
	E	123	.13		116	.17		79	.18	.14	.19							
Child withdrawn	C	113	.52		90	.42		70	.51	.51	.43							
	E	148	.61		135	.54		102	.48	.63	.56							
Stolen things or arrested	C	113	.20		90	.13	.02	70	.27	.19	.10		.03	.04	.01			.02
	E	148	.16		135	.26		102	.26	.18	.27							
Child substance abuse	C	113	.03		90	.01		70	.03	.01	.01							
	E	148	.01		135	.02		102	.00	.00	.03							
Child problems	C	113	1.59		90	1.68		70	1.61	1.56	1.67							
	E	148	1.76		135	1.67		102	1.61	1.84	1.66							
Negative child behaviors	C	108	.25		88	.22		65	.26	.25	.23							
	E	143	.25		131	.25		96	.25	.25	.25							
Positive child behaviors	C	109	.80		89	.79		66	.78	.79	.79							
	E	145	.81		134	.80		97	.81	.81	.79							
Household condition	C	112	.09		90	.06	.05	69	.12	.08	.06							
	E	147	.09		135	.10		101	.10	.10	.10							
Depression (SCL-90)	C	113	.96		89	.79		69	1.05	.89	.78		.006		.003			
	E	148	1.00		135	.83		102	.98	.95	.88							
Positive child care practices	C	108	.90		87	.91		66	.90	.90	.91							
	E	142	.88		129	.88		93	.90	.88	.88							
Negative child care practices	C	108	.13		86	.13		66	.15	.13	.13			.008			.002	
	E	147	.15		130	.15		94	.19	.15	.14							

[a] Means of control and experimental groups

[b] Test of hypothesis of equivalent group means

[c] Test of hypothesis that group means, averaged over time, are equal [d] Test of hypothesis that means at three points in time, averaged over the groups, are equal

[e] Test of hypothesis of no interaction between group and time, that is, that the pattern of means over time is the same for both groups

[f] Test of hypothesis that time one is equal to average of time two and time three
[g] Test of hypothesis that time two is equal to time three

Table 4-21
Philadelphia Caretaker Problems and Strengths, Caretaker Post-treatment Interview (% responding yes)

	Control		Experimental		
	N	%	N	%	p
Problems					
Felt blue or depressed	113	45	148	43	
Felt nervous or tense	113	43	147	46	
Just wanted to give up	113	22	148	29	
Overwhelmed with work or family responsibility	113	41	146	47	
Felt you had few or no friends	112	22	148	25	
Not enough money for food, rent, or clothing	113	48	148	59	.08
Gotten in trouble with the law	113	2	148	3	
Had too much to drink in a week	112	4	148	2	
Used drugs several times a week	113	8	148	6	
Economic Items					
Had difficulty paying rent	113	19	148	20	
Had difficulty paying electric/heat	113	28	148	33	
Had difficulty buying enough food	113	26	148	31	
Had difficulty buying clothes	113	34	148	42	
Positive Items					
Have you felt happy	112	83	148	86	
Gotten together with anyone to have fun/relax	113	51	148	53	
Doing a pretty good job raising kids	112	93	148	95	

Table 4-22
Philadelphia Caretaker Problems & Strengths, Caretaker Followup Interview (% responding yes)

	Control		Experimental		
	N	%	N	%	p
Problems					
Felt blue or depressed	90	46	135	49	
Felt nervous or tense	90	38	135	44	
Just wanted to give up	89	18	135	25	
Overwhelmed with work or family responsibility	89	38	135	46	
Felt you had few or no friends	90	31	135	27	
Not enough money for food, rent, or clothing	90	33	135	49	.02
Gotten in trouble with the law	90	0	135	1	
Had too much to drink in a week	90	3	135	2	
Used drugs several times a week	90	0	135	2	
Economic Items					
Had difficulty paying rent	90	18	134	20	
Had difficulty paying electric/heat	90	29	134	29	

Had difficulty buying enough food	90	16	134	27	.05
Had difficulty buying clothes	90	21	134	37	.01
Positive Items					
Have you felt happy	89	89	135	90	
Gotten together with anyone to have fun/relax	90	57	135	57	
Doing a pretty good job raising kids	88	97	134	96	

"have you felt you did not have enough money for food, rent, or clothing?" 49 percent of the experimental group and 33 percent of the control group responded affirmatively (p = .02). (81)

In addition to the items about problems, caretakers were asked three questions about positive aspects of their lives: "getting together with anyone to have fun or relax," "felt happy and "felt that considering everything you're doing a pretty good job raising your kids." For the experimental and control groups combined, at post-treatment, 85 percent responded affirmatively to the question of whether they "felt happy," 53 percent responded affirmatively to the question of "getting together with anyone to have fun or relax," and 94 percent responded affirmatively that they were "doing a pretty good job raising [their] kids." At followup, 90 percent of respondents (experimental and control groups combined) reported that they "felt happy," 57 percent responded affirmatively to the question of "getting together with anyone to have fun or relax," and 96 percent reported that they were "doing a pretty good job raising [their] kids." (82)

Economic Functioning. In addition to the general item on not having enough money for food or rent, caretakers were asked four specific questions about difficulties in paying for the essentials of living (rent, electricity and heating, food, and clothing). When these items were combined into a scale, all analyses (primary, secondary, and tertiary) revealed no significant differences in the average proportion of affirmative responses to the four items at the time of the post-treatment interview. At the time of the followup interview, the average proportion of affirmative responses to the four items was greater for the experimental group than the control group (.28 vs. .21) but the difference was not statistically significant in the primary analysis (p = .08). (83) Using repeated measures to look at changes in the scale responses over time, results indicate a decline in the average proportion of affirmative responses to this scale of economic functioning for both groups (p = .02). These changes over time did not differ significantly for the experimental and control groups.

Looking at the 4 individual items that comprised the scale of economic functioning, there were no significant differences between experimental and control groups at the time of the post-treatment interview. At the time of the followup interview, primary analyses revealed significant differences between experimental and control group respondents on 2 of the 4 items. A greater proportion of the experimental group respondents reported having difficulty buying enough food (27% vs. 16%; p = .05), and difficulty buying clothes (37% vs. 21%; p = .01). (84)

Household Condition. Caretakers were asked 10 questions about problematic conditions in the home (e.g., nonfunctioning heating, plumbing, or electrical systems; peeling paint; broken windows or doors). The experimental and control groups did not differ on the average proportions of the presence of such conditions at the time of the post-treatment interview. At the time of the followup interview, the average proportion of problematic conditions present was greater for the experimental group than for the control group (.21 vs. .06; p = .05). Repeated measures analysis revealed no significant changes over time and no significant differences between the two groups averaged over time.

On only one of the specific items regarding problematic conditions in the home were there any differences in the primary analysis of the post-treatment interview. Twenty-three percent of caretakers in the experimental group and 13 percent of the caretakers in the control group reported that "there were not enough basic necessities such as chairs, tables, beds, cribs, mattresses, or not enough basic necessities such as blankets, sheets, pots or dishes" (p = .03). (85) At the time of the followup interview, primary analysis revealed significant differences between the experimental and control group on one of the 10 specific household condition items. Four percent of the experimental group and none of the control group caretakers reported that the electricity did not work for more than a day at a time since the post-treatment interview (Fisher's exact p-value = .05). (86)

Child Care Practices. In both the post-treatment and followup interviews, caretakers were asked a series of yes-no questions about child care practices in the last three months (both positive and negative). The results from these questions are shown in Tables 4-23 and 4-24.

Table 4-23

Philadelphia Caretaker Reports of Child Care Practices, Post-treatment Interview

	Control		Experimental		
	N	%	N	%	p
Lost temper when child got on nerves	112	53	148	52	
Found that hitting child was good	112	4	148	6	
Hitting child harder that meant to	112	5	148	11	
Out of control when punishing child	111	18	147	24	
Have you praised your children	112	95	147	98	
Listened to music together w/child	112	95	148	92	
Tied child with cord- string-belt	112	0	147	1	
Gone to amusement park, pool, picnic	111	85	147	77	
Uncomfortable hugging child	105	10	138	13	
Encouraged child to read book	108	98	142	99	
Have children handled household chores	105	76	140	71	
Not let children into the house	105	1	140	1	
Punished for not finishing food	107	6	140	3	
Blamed child w/ things not their fault	107	21	139	22	
Let child to play where not allowed	107	15	139	12	
Unable to find someone to watch children	111	42	144	46	

Table 4-24
Philadelphia Caretaker Reports of Child Care Practices, Followup Interview

	Control		Experimental		
	N	%	N	%	p
Lost temper when child got on nerves	89	52	132	44	
Found that hitting child was good	89	6	132	9	
Hitting child harder that meant to	89	4	132	7	
Out of control when punishing child	89	17	132	26	
Have you praised your children	89	99	132	96	
Listened to music together w/child	89	93	132	92	
Tied child with cord- string-belt	89	0	130	0	
Gone to amusement park, pool, picnic	90	79	133	73	
Uncomfortable hugging child	87	10	131	11	
Encouraged child to read book	87	99	129	98	
Have children handled household chores	85	84	128	80	
Not let children into the house	84	1	126	2	
Punished for not finishing food	86	1	130	7	.05 (FE)
Blamed child w/ things not their fault	86	21	130	24	
Let child play where not allowed	86	19	129	16	
Unable to find someone to watch children	88	47	133	33	.04
NOTE: "FE" indicates significance determined by Fisher's exact test					

Three scales were formed using items that appear in Tables 4-23 and 4-24: positive child care practices (5 items), negative child care practices (10 items), and punishment (5 items, all of which were also in the negative child care practices scale).

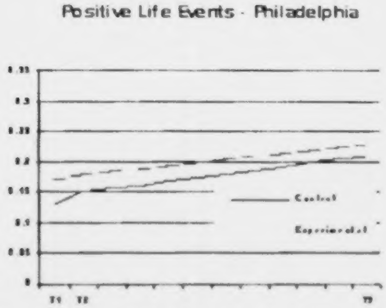
At the time of the post-treatment interview, primary analyses revealed no significant differences between experimental and control groups on any of the items.(87) At followup, a significantly greater proportion of experimental group respondents responded affirmatively that they "punished [child] for not finishing food" (7% vs. 1%; Fisher's exact p-value = .05).(88)

There were no significant differences between the experimental and control groups with regard to the positive and negative child care practice scales at the time of either the post-treatment or the followup interview. At each point in time, caretakers from both groups responded affirmatively to over 80 percent of the positive items and less than 15 percent of the negative items. Repeated measures analyses revealed no significant changes over time in the positive child care practices scale. There was a small but significant decrease in the proportion of negative child care practices and in the proportion of affirmative answers to the punishment items for both groups averaged over time (see Table 4-20 and Figure 4-3). For all scales, there were no significant interactions between group and time variables, indicating that the pattern of means over time was similar for both the experimental and control groups.

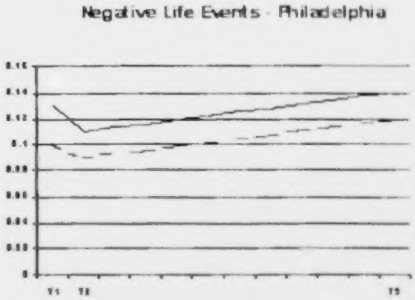
Caretaker Depression. In all three interviews, we administered the SCL-90 depression scale to measure the level of depression of the caretaker.(89) There were no differences between the groups in scores on this scale at the time of the post-treatment or followup interview. Results of the repeated measures analysis indicate significant decreases over time in the depression scores for both groups averaged together (see Table 4-20 and Figure 4-3). The pattern of declining depression scores was the same for both the experimental and control group.(90)

Child Behavior. We asked 35 questions about specific child behaviors, both positive and negative. Questions were phrased in terms of "any of the children" and some questions were age specific. Responses to these questions were used to form various scales: aggression (3 items), school problems (5 items), positive child behaviors (10 items), and negative child behaviors (21 items, including the aggression and school problems items). Neither the primary nor the secondary analyses revealed any significant differences between the groups in scores on any of these scales at the time of the post-treatment or followup interviews (see Table 4-20 and Figure 4-3). Furthermore, none of the hypotheses tested in the repeated measures analysis resulted in significant effects for any of the levels of analyses (primary, secondary, or tertiary).

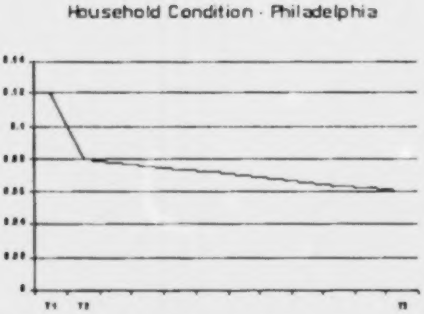
Figure 4-3
Child and Family Functioning Over Time (Families)


Positive Life Events - Philadelphia

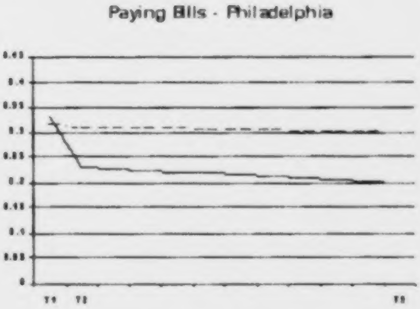
Time trend p = .001; Group-time interaction: p = .84


Negative Life Events - Philadelphia

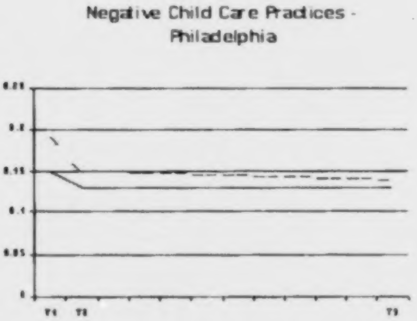
Time trend: p = .02; Group-time interaction: p = .82


Household Condition - Philadelphia

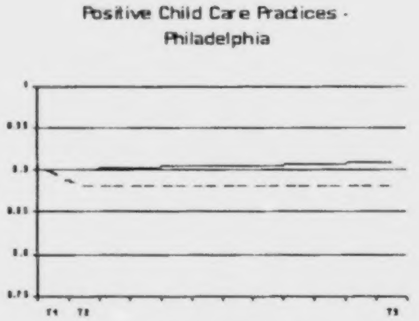
Time trend: p = .15; Group-time interaction: p = .23


Paying Bills - Philadelphia

Time trend: p = .02; Group-time interaction: p = .12


Negative Child Care Practices - Philadelphia

Time trend: p = .08; Group-time interaction: p =.42


Positive Child Care Practices - Philadelphia

Time trend: p = .74; Group-time interaction: p = .57

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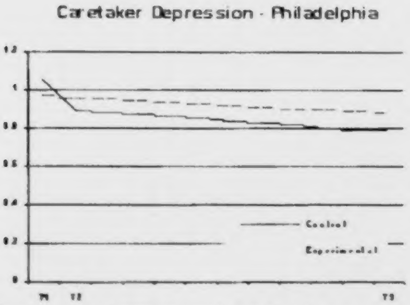
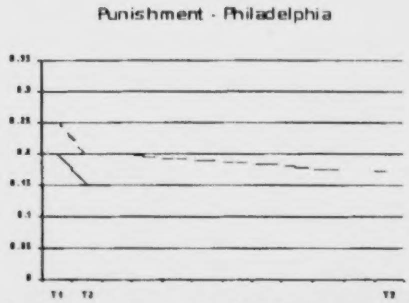
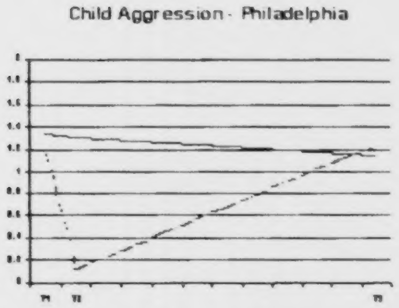

Caretaker Depression - Philadelphia

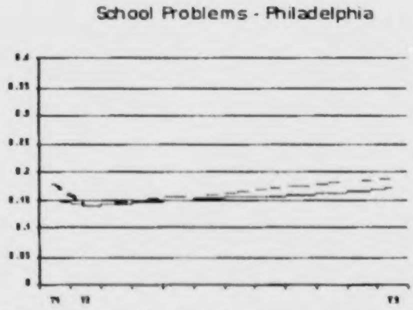
Time trend: p = .008; Group-time interaction: p = .28


Punishment - Philadelphia

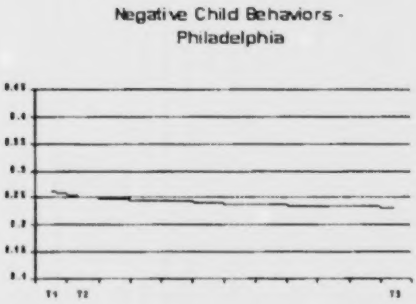
Time trend: p = .002; Group-time interaction: p = .83


Child Aggression - Philadelphia

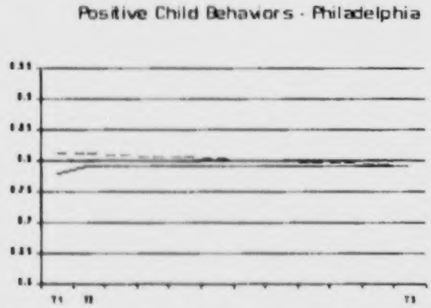
Time trend: p = .54; Group-time interaction: p = .18


School Problems - Philadelphia

Time trend: p = .18; Group-time interaction: p = .88


Negative Child Behaviors - Philadelphia

Time trend: p = .001; Group-time interaction: p = .47


Positive Child Behaviors - Philadelphia

Time trend: p = .31; Group-time interaction: p = .84

Specific items on whether the child was withdrawn, or had engaged in substance abuse also did not reveal significant differences between groups at either point in time (post-treatment or followup) or in any of the analysis (primary, secondary, or tertiary). A scale measuring two items asking whether any of the children had stolen things or been arrested did result in significant differences in the primary analysis of the followup interview and of the effects over time. This scale was calculated by summing the "yes" responses to the two items, resulting in scale scores ranging from 0 to 2. At the time of the followup interview, the scale score was significantly higher for the experimental group than for the control group (.26 vs. .13; p = .02). Repeated measures analysis indicated that the pattern of scores over time was significantly different for the experimental and control groups, particularly in the time period between the post-treatment interview and the followup interview. In the control group, the average score for caretakers responding that their child had stolen things or been arrested consistently declined over time, but in the experimental group, the average score declined between the initial and post-treatment interviews and returned to the original level in the followup interview (see Table 4-20). For further interpretation of these results, scale scores of 1 and 2 were collapsed and Chi-square analyses were used to examine the proportion of caretakers from each group responding affirmatively to either item at each point in time.

At the time of the initial interview, 22 percent of caretakers from both the control and experimental groups reported that their child had stolen things and/or been arrested in the last three months. At the time of the post-treatment interview, 17 percent of caretakers from both the control and the experimental groups reported that their child had stolen things and/or been arrested since the time of the initial interview. At the time of the followup interview, a significantly greater proportion of caretakers from the experimental group reported that their child had stolen things and/or been arrested since the time of the post-treatment interview (24% vs. 13%; p = .04).

Overall Assessment of Improvement by Caretakers. In both the post-treatment and followup interviews, caretakers were asked about general changes in their family lives since entering the study (see Tables 4-25 and 4-26). At the time of the post-treatment interview, 27 percent of experimental group caretakers generally thought there was "great improvement" in their lives, compared to 17 percent of control group caretakers (p = .07). (91) When response categories were collapsed to reflect "some or great improvement," things are "just the same," or "somewhat or a great deal worse," a significantly greater proportion of experimental group caretakers reported "some or great improvement" (77% vs. 63%; p = .05). (92)

Table 4-25
Philadelphia Caretakers' Assessments of Overall Change Since First Interview, Post-treatment Interview

	Control %	Experimental %
	p = .07	
Great improvement	17	27
Some improvement	46	51
Same	27	17
Somewhat or a great deal worse	6	5
Not ascertained	4	1

Table 4-26
Philadelphia Caretakers' Assessments of Overall Change Since Post-treatment Interview, Followup Interview

	Control %	Experimental %
	p = n.s.	
Great improvement	38	36
Some improvement	38	40
Same	17	21
Somewhat or a great deal worse	7	4
Not ascertained	1	0

At the time of the followup interview, slightly more than a third of respondents reported "great improvement" and three quarters of respondents reported "some or great improvement," with no significant differences between the experimental and control groups in any of the levels of analysis (primary, secondary, or tertiary).

4.5.4 Information from Caseworkers on Functioning

In interpreting caseworker reports, it should be noted that while both SCOH and family preservation services were provided by private agency workers, it is likely that there are differences between these groups of caseworkers in the knowledge they have of the cases. It is expected that family preservation workers had much more intensive involvement with the families they worked with. Hence, interpretations of comparisons between responses of workers serving each of the groups must be made with caution.

Given the low response rate on caseworker initial interviews (35 percent for the control group and 54 percent for the experimental group), analysis of initial caseworker interview items was not conducted. This lack of data from the caseworker initial interview makes it difficult to interpret differences between the experimental and control groups at the time of the post-treatment interview. It is unknown whether those differences existed at the time of random assignment or whether they reflect differential changes during the treatment period.

Caretaker Functioning. Caseworkers were asked nine questions tapping various aspects of caretaker functioning on a five-point scale from 0 for not adequate to 4 for very adequate. Table 4-27 provides a list of these nine questions. At the time of the post-treatment interview, there were no significant differences between experimental and control group caseworkers on any of these nine items or on the scale averaging the nine items.(93)

Table 4-27
Philadelphia Caseworkers' Assessments of Caretakers' Parental Functioning, Post-treatment Interview

	Control		Experimental		
	N	Mean	N	Mean	p
Caretaker ability to provide food	89	2.90	145	3.05	
Caretaker ability giving affection	92	2.95	145	3.05	
Caretaker respect for child's opinions	83	2.59	131	2.80	
Respond patiently to child's questions	86	2.50	138	2.64	
Respond to child's emotional needs	89	2.56	144	2.69	
Provide learning opportunities	90	2.30	143	2.57	.07
Setting firm/consistent limits/rules	89	2.19	140	2.45	.10
Adequate supervisor/responsible childcare	92	2.54	148	2.80	.10
Attending to children's health needs	89	2.90	144	3.03	
Caretaker functioning, 9 items, average of nonmissing items, higher=better	88	2.63	139	2.79	
Note: Scale for individual items: 0-4, where 0 = not adequate, 4 = very adequate					

Household Condition. As in the caretaker interview, we asked caseworkers about conditions in the home. Caseworkers were asked 13 yes-no questions, some positive and some negative. These items were combined in a scale which indicated the proportion of household condition problems. At the time of the post-treatment interview, experimental group families had, on average, significantly fewer problems with household condition than did control group families (.13 vs. .16; p = .05).(94)

Caretaker Problems. Caseworkers were asked a number of questions about problems experienced by children, caretakers, or other adult household members (question 19 on the first caseworker interview, question 17 on the second caseworker interview). Twenty-one of these problems concerned the caretakers. At the time of the post-treatment interview, caseworkers reported that the caretakers had, on average, 26 percent of the 21 problems. There were no significant differences between the experimental and control groups.(95)

Child Problems. Twelve of the items on the caseworker problem inventory concerned the children. At the time of the post-treatment interview, the percentage of child problems for the experimental group was, on average, 19 percent compared to an average of 15 percent for the control group, a nonsignificant difference.(96)

4.5.5 Summary of Outcome Data

Information from the caretaker interviews, the caseworker interviews, and the administrative data were analyzed for indications of differences between the experimental and control groups subsequent to the referral to the family preservation program. Tables 4-28 and 4-29 contain a summary of those outcomes on which we found significant differences between the experimental and control groups in the primary analysis ($p < .05$). Items in bold are those on which the experimental group had better outcomes, those in italics are those on which the control group had better outcomes.

There were no significant differences between experimental and control groups on family level rates of placement. Subsequent maltreatment was generally not related to experimental group membership either.

Table 4-28
Summary of Outcomes in Philadelphia, Post-treatment Interview

Caretaker Scales:	**Control Mean**	**Experimental Mean**	**p**
Positive life events	**.15**	**.19**	**.05**
Caseworker Scales:			
Household Condition (higher = worse condition)	**.16**	**.13**	**.05**
NOTE: This table only includes items with a primary p-value less than or equal to .05. Items in bold indicate significant findings in favor of the experimental group.			

Table 4-29
Summary of Outcomes in Philadelphia, Caretaker Followup Interview

Proportion of affirmative answers to yes/no questions			
	Control %	**Experimental %**	**p**
Not enough money for food, rent, or clothing	33	49	.02
Had difficulty buying enough food	16	27	.05
Had difficulty buying clothes	21	37	.01
Punished children for not finishing food	1	7	.05 (FE)
NOTE: This table only includes items with a primary p-value less than or equal to .05. Italicized items indicate significant findings in favor of the control group. "FE" indicates significance determined by Fisher's exact test.			

Caretaker Scales:	**Control Mean**	**Experimental Mean**	**p**
Stolen things or arrested	.13	.26	.02
Number of 10 household condition problems	.06	.10	.05
NOTE: This table only includes items with a primary p-value less than or equal to .05. Italicized items indicate significant findings in favor of the control group.			

As shown in Tables 4-28 and 4-29, there were few significant differences between experimental and control groups in analyses of child and family functioning items. It should also be noted that the results have not been adjusted for the multiplicity of significance tests performed. That is, these significant items surfaced out of a large number of items and scales examined. In such a situation it is to be expected that some items will show significant differences simply by chance, so the appearance of a few significant differences should not be taken as an indication of superiority of one group over another. Overall, we are unable to claim consistent evidence of positive effects of the family preservation services in Philadelphia that were examined in this study.

[Go To Contents]

Endnotes

57. There was a small, non-significant difference between the experimental group, of whom 5.8 percent said yes, and the control group, of whom 11.2 percent responded yes (p = .11).

58. Although not significantly different, compared to the control group, the experimental group did have a somewhat higher proportion of respondents who reported having been neglected as a child (27% vs. 19%; p = .15).

59. The state of Philadelphia reports 8 possible outcomes for reports of maltreatment; (1) indicated, perpetrator admitted, (2) indicated, medical evidence, (3) not substantiated, (4) pending determination, (5) substantiated, (6) unfounded, (7) indicated -

investigating, and (8) unable to complete.

60. Placement spells are defined as any consecutive period of time in substitute care and may consist of several distinct placements (i.e., several different foster homes).

61. The results of "secondary" analyses, dropping violations of random assignment and cases receiving minimal service show slightly greater differences between the experimental and control groups (see Appendix). Here, the same 8 significant primary analysis items show significant differences in favor of the experimental group at $p = .01$ or lower, and one additional item showed significant differences in the same direction at $p < .05$. All nine items that showed significant differences in the secondary analysis remained significantly different in the tertiary analysis (see Appendix).

62. These differences remained significant and in the same direction for both secondary and tertiary analyses (for magnitude and significance levels, see Appendix).

63. Differences remained significant and in the same direction for both secondary and tertiary analyses (for magnitude and significance levels, see Appendix).

64. In the secondary analysis (dropping violations and minimal service cases) and the tertiary analysis (dropping additional cases that may not have had a worker assigned), a significantly greater proportion of experimental group caretakers reported receiving transportation and parent education/training classes (see Appendix for magnitude and significant levels).

65. The difference was, however, significant in the secondary analysis (21% control vs. 14% experimental, $p = .001$) and the tertiary analysis (22% control vs. 13% experimental, $p = .003$).

66. In addition to slight changes in the magnitude of the difference in whether workers helped caretakers see their good qualities, secondary analysis revealed that a significantly greater proportion of experimental group caretakers reported that they and their worker agreed on goals most of the time (75% vs. 70%, $p = .03$). Tertiary analysis revealed no additional items with significant differences (see Appendix).

67. When violations and minimal services cases were excluded, the difference between the groups was even larger (5.3 vs. 3.1, $p = .0001$).

68. SSI for adult or child was reportedly provided more often to the control group than the experimental group, and the difference was marginally significant by Fisher's Exact test (3% vs. 0%; $p = .06$). In the secondary analyses, excluding violations and minimal service cases, 10 services were provided significantly more often to the experimental group than to the control group (again, significance levels were all at $p = .05$ or less). In addition to the 6 primary analysis items showing differences in favor of the experimental group, secondary analyses indicate that the following services were also provided significantly more often by the experimental group: health assessment, housing financial assistance, self help groups, and homemaker services (see Appendix for magnitude of difference and significance levels). In the secondary analyses no services were provided significantly more often to the control group than the experimental group.

69. None of the items showed significant differences between experimental and control group caretakers in the secondary analysis or the tertiary analysis.

70. Secondary and tertiary analyses did not result in any significant differences either.

71. This difference remained significant in the secondary analysis (31% vs. 16%; $p = .02$) and was marginally significant in the tertiary analysis (31% vs. 18%; $p = .06$).

72. Tertiary analyses were not performed on caseworker interview data due to the fact that all of the 29 additional cases dropped for this level of analysis were missing both caseworker interviews and results would therefore be the same as for the secondary analysis.

73. In determining placements, we depended on the variable "factype" in the administrative data. The specific categories for this variable included: adoption, foster care, private institution/boarding schools, family treatment home, unmarried parent, other, children's psychiatric hospital, and foster care medically fragile.

74. Due to the "clustering effect," analyses at the child level are misleading. Clustering refers to the lack of independence between children within the same family of observations of such things as placement. One could argue that if one child is removed from the home, the remaining children are more likely to experience placement. The "clustering effect" leads to an underestimate of the significance levels when analyses are conducted at the child level. Conducting the analyses at the family level is one approach to resolving this dilemma.

75. Fifteen percent of the experimental group, and 16 percent of the control group experienced substitute care placement within a year in the secondary analysis.

76. Analyses were also done on all allegations, whether substantiated or not. The results were very similar, although, of course, rates for all allegations were higher.

77. Figure 4-2 also displays the survival curves for the secondary analysis group. At one year, 22 percent of the experimental group and 13 percent of the control group experienced substantiated reports of maltreatment.

78. This difference remained significant in both the secondary and tertiary analyses (see Appendix for magnitude of difference and significant levels).

79. These results held for the secondary and tertiary analyses.

80. These results were maintained in the secondary and tertiary analyses.

81. This difference was slightly larger and more significant in the secondary analysis (53% experimental and 33% control; $p = .006$) and the tertiary analysis (53% experimental and 31% control; $p = .005$). Tertiary analysis also revealed significant differences in the proportion of respondents indicating they "just wanted to give up," with a greater proportion of experimental group respondents answering affirmatively (29% vs. 15%; $p = .04$).

82. There were no significant differences between experimental and control groups on these items in the secondary or tertiary analyses.

83. The difference was greater and marginally significant in the secondary analysis (.30 vs. .21; $p = .06$). In the tertiary analysis, the difference was greater still and it was statistically significant (.31 for the experimental group and .19 for the control group; $p = .02$).

84. Differences on both items remained significant in the secondary and tertiary analyses (see Appendix for magnitude of differences and significance levels).

85. This difference increased and remained significant in the secondary analysis (25% vs. 11%; $p = .009$) and the tertiary analysis (26% vs. 11%; $p = .01$). In the tertiary analysis, one additional item resulted in significant differences at the time of the post-treatment interview. Six percent of the experimental group caretakers and none of the control group caretakers reported that "there were bare electric wires" (Fisher's exact p-value = .02).

86. This difference was not significant in either the secondary or the tertiary analysis. However, tertiary analyses revealed that two different items resulted in significant differences between experimental and control group caretakers at the time of the follow-up interview. Nine percent of the experimental group caretakers and none of the control group caretakers reported that the "plumbing did not work" (Fisher's exact p-value = .01). Seventeen percent of the experimental group caretakers and six percent of the control group caretakers reported that "a lot of paint was peeling" ($p = .04$).

87. In the secondary analysis, "hitting child harder than meant to" was the only item for which there were significant differences between the experimental and control groups, with a greater proportion of the experimental group responding affirmatively (13% vs. 5%, $p = .03$). The difference was not significant in the tertiary analysis.

88. This difference was not significant in the secondary or tertiary analysis.

89. Reliability analysis yielded a Cronbach's alpha of .92 at initial interview, .90 at post-treatment, and .94 at follow-up.

90. These results held for the secondary and tertiary analyses.

91. This difference was greater and statistically significant in the secondary analysis (31% vs. 18%; p = .02) and the tertiary analysis (31% vs. 16%; p = .02).

92. These results were also maintained in the secondary analysis (80% vs. 63%; p = .02) and tertiary analysis (79% vs. 62%; p = .03).

93. Secondary analyses resulted in significant differences on three of the individual items. Relative to caseworkers in the control group, caseworkers in the experimental group rated caretakers higher (more adequate) on "respecting children's opinions" (2.84 vs. 2.56; p = .05), "setting firm limits for children" (2.50 vs. 2.18; p = .05), and "providing adequate personal supervision" (2.86 vs. 2.51; p = .04).

94. These results were maintained in the secondary analysis (.13 vs. .17; p = .03).

95. This was also true in the secondary analysis.

96. This result held in the secondary analysis.

Where to?

Top of Page | Contents

Main Page of Report | Contents of Report

Home Pages:
Human Services Policy
Assistant Secretary for Planning and Evaluation (ASPE)
U.S. Department of Health and Human Services (HHS)

Evaluation of Family Preservation and Reunification Programs: Final Report: Volume 2: Attrition Analysis: Caretaker Interviews

5. Attrition Analysis: Caretaker Interviews

[Main Page of Report | Contents of Report]

Longitudinal studies almost always encounter sample attrition. Not all respondents will be interviewed at all points in time. In this study, some caretakers responded to all three interviews, some caretakers responded to the initial interview but not the post-treatment or followup interview, and some not interviewed earlier were interviewed later. Numbers of cases with caretaker interviews at each of the three points in time are shown in Table 5-1. Percentages are shown in Table 5-2.

Table 5-1
Counts of Cases for all Possible Combinations of Caretaker Interviews Completed

	Kentucky			New Jersey			Tennessee			Philadelphia		
	C %	E %	Total	C %	E %	Total	C %	E %	Total	C %	E %	Total
Time 1 only	9	5	14	5	9	14	2	3	5	7	20	27
Time 2 only	2	1	3	4	15	19		1	1	4	9	13
Time 3 only	5	5	10	4	5	9	2	7	9	1	6	7
Time 1 and time 2	34	28	62	34	46	80	5	14	19	25	22	47
Time 1 and time 3	4	6	10	7	13	20	2	2	4	5	12	17
Time 2 and time 3	2	2	4	12	19	31	4	4	8	14	15	29
All three interviews	108	117	225	84	130	214	28	61	89	70	102	172
Totals	164	164	328	150	237	387	43	92	135	126	186	312

Table 5-2
Caretaker Interviews Completed as a Percentage of Net Study Cases

	Kentucky			New Jersey			Tennessee			Philadelphia		
	C %	E %	Total	C %	E %	Total	C %	E %	Total	C %	E %	Total
Net Study Cases	175	174	349	167	275	442	49	98	147	144	209	353
Time 1 only	5.1	2.9	4.0	3.0	3.3	3.2	4.1	3.1	3.4	4.9	9.6	7.6
Time 2 only	1.1	0.5	0.9	2.4	5.5	4.3		1.0	0.7	2.8	4.3	3.7
Time 3 only	2.8	2.9	2.9	2.4	1.8	2.0	4.1	7.1	6.1	0.7	2.9	2.0
Time 1 and time 2	19.4	16.1	17.8	20.4	16.7	18.1	10.2	14.3	12.9	17.4	10.5	13.3
Time 1 and time 3	2.3	3.4	2.9	4.2	4.7	4.5	4.1	2.0	2.3	3.5	5.7	4.8
Time 2 and time 3	1.1	1.1	1.1	7.2	6.9	7.0	8.2	4.1	5.4	9.7	7.2	8.2
All three interviews	61.7	67.2	64.5	50.3	47.3	48.4	57.1	62.2	60.5	48.6	48.8	48.7

Of the cases randomly assigned, the proportion of respondents who completed both the initial and followup interviews ranged from approximately 53 percent to 67 percent. Of primary concern here is that those who did not complete the followup interviews might vary in systematic ways from those who did, thus potentially affecting any analyses of change over time that rely on the interview data. Several steps were taken to examine the sample attrition for differences in those who did not see the study through to the end, particularly in regard to whether there were differences between the experimental and control groups with respect to who completed the followup interview.

Starting with the sample characteristics for those who responded to each of the interviews at each point in time, no significant differences were found in the distributions of the following characteristics: respondent's age, youngest child's age, oldest child's age, number of persons in household, number of adults in household, or number of children in household.

In addition to looking at demographic characteristics, we examined initial interview responses on the family and child functioning scales that were used as primary outcome variables. (97) This was done to detect whether the group that was analyzed in our change analysis was functioning better or worse at the outset compared to the whole sample of cases that were interviewed at the outset. Those who completed the initial interview but did not complete the followup interview were compared to those who completed the initial interview and the followup interview on scale measures at the initial interview. (98) Items on which there were significant differences between those who responded to the initial but not to the followup interview and those who responded to both interviews are reported in Table 5-3.

For those caretaker scale comparisons indicating significant differences between those who remained in the interview sample through the followup period and those who did not, t-tests were conducted to assess differences between experimental and control groups for that particular scale at the time of the initial interview. For example, in Kentucky the cases where respondents did not complete the followup interview were analyzed for differences between experimental and control groups in reports of average child aggression at the time of the initial interview. The results were not significant, thus, while those who did not complete the followup interview appear to have reported a lower proportion of child aggression problems at the outset than those who did complete the followup interview, this did not occur differentially for experimental and control groups. None of the t-test comparisons for the items listed in Table 5-3 revealed any significant differences in the average initial scores for the experimental and control groups.

Table 5-3
Differences in Initial Family and Child Functioning Scales

	Completed initial but not followup interview		Completed initial and followup interview		
	N	Mean	N	Mean	p
Kentucky					
Child aggression	76	1.18	235	1.53	.005
Positive child behaviors	69	.75	228	.70	.02
New Jersey					
Negative life events	93	.08	234	.12	.007
Stolen things or arrested	94	.41	234	.58	.02
Tennessee					
Child problems	24	1.45	93	2.32	.01
Philadelphia					
Caretaker depression	74	1.25	189	.97	.03
Note: Means represent average scores on the scales at the time of the initial interview (i.e. at the outset of the study).					

In summary, of the 68 comparisons (4 states, 17 for each state) on initial levels for the family and child functioning scales of the group completing both initial and followup interviews with those completing initial interviews but not followup, only five showed significant differences in means at the initial interview. All five of these measures indicate lower initial functioning of those who were interviewed at both points in time, but none of the comparisons of experimental and control groups on initial levels of these measures were significant.

In conclusion, there is no substantial evidence that attrition resulted in an analytic sample that is unrepresentative of the initial interview sample.

Endnotes

97. There were 17 scales in all: positive life events, negative life events, life events depression, economic functioning, punishment, child aggression, school problems, child withdrawn, stolen things or arrested, child substance abuse, child problems, negative child behaviors, positive child behaviors, household condition, depression, positive child care practices, and negative child care practices.

98. Respondents were categorized regardless of completion of post-treatment interview. Furthermore, those who did not complete an initial interview were excluded all together as information about functioning at the outset of the study was unavailable. The proportion of net study cases without initial interview data and thus excluded from these analyses are as follows: 5 percent in Kentucky, 13 percent in New Jersey, 12 percent in Tennessee, and 14 percent in Philadelphia.

Where to?

Top of Page

Main Page of Report | Contents of Report

Home Pages:
Human Services Policy
Assistant Secretary for Planning and Evaluation (ASPE)
U.S. Department of Health and Human Services (HHS)

Evaluation of Family Preservation and Reunification Programs: Final Report: Volume 2: Social Support

6. Social Support

[Main Page of Report | Contents of Report]

Contents

- 6.1 Composition of Caretakers' Support Networks
- 6.2 Caretakers' Levels of Support
- 6.3 Effects of Family Preservation on Levels of Support
- 6.4 Conclusions

References

Endnotes

Because the support that families receive from relatives and friends is widely thought to contribute to family and child well-being, at each of the three interviews, we asked caretakers about the kinds of informal supports that were available to them. Caretakers were asked how frequently they had contact with their mothers and fathers, adult brothers and sisters, and up to four friends. For each person that the caretaker reported having contact with at least once a year, they were asked whether the person could be relied on for each of three kinds of support -- emotional (talking over problems), instrumental (help with money or housework), and informational (advice on how to handle problems). In addition, caretakers who were residing with partners were asked about the support that they received from their partners.

In the following analyses, we examine several aspects of the caretakers' informal support systems. We first examine the extent to which caretakers had family and friends available who might provide support, and the proportion of partners, siblings, parents, and friends that the caretakers could rely on for support. Second, the levels of emotional, informational, and instrumental support available from each group of relatives and friends is assessed. Finally, because increasing the level of informal social support is sometimes thought to be a useful outcome of family preservation services, we examine whether there was change in the levels of support that were available to the caretakers.

[Go To Contents]

6.1 Composition of Caretakers' Support Networks

A concern raised by early investigations into the informal support systems of maltreating families was the extent to which they were isolated from relatives and friends. Families may be socially isolated if they don't have relatives and friends, or don't have much contact with them. Furthermore, families may have relatives and friends with whom they have regular contact but not rely on them for support. Hence, in order to assess the extensiveness of caretakers' informal supports, we first asked them whether they had living parents, siblings, partners, and friends, then determined how often they had contact with each of them, and finally asked if each could be relied on for support.

Table 6-1 summarizes the proportion of caretakers in each states' control and experimental groups who had partners, siblings, parents, and friends from whom they might receive emotional, instrumental, and informational support. The percentages of caretakers reporting that they had contact with particular relatives and friends at least once a year are

Table 6-1
Support Available at Initial Interview by Relationship of Supporter

New Jersey					
		Support Available			
Relationship	**Caretakers with relative/friend**	**Emotional**	**Instrumental**	**Informational**	**Any type of support**

	C N=131 N(%)	E N=198 N(%)	C %	E %	C %	E %	C %	E %	C %	E %
Partner	56 (43)	69 (35)	79	73	100	97	88	74	100	97
Sisters	103 (79)	162 (82)	59	60	38	41	58	61	63	65
Brothers	88 (67)	146 (74)	43	47	33	35	42	45	48	49
Mother	93 (71)	116 (59)	66	54	44	45	52	48	68	62
Father	61 (47)	89 (45)	49	40	34	42	44	39	51	53
Friends	96 (73)	161 (81)	95	95	69	70	92	94	96	98
Overall	131 (100)	197 (99)	92	93	85	87	92	93	93	95
C = Control E = Experimental										

Kentucky										
			Support Available							
Relationship	Caretakers with relative/friend		Emotional		Instrumental		Informational		Any type of support	
	C N=155 N(%)	E N=156 N(%)	C %	E %	C %	E %	C %	E %	C %	E %
Partner	56 (36)	52 (33)	80	92	100	94	75	92	100	98
Sisters	117 (76)	100 (64)	73	58	49	42	73	51	77	63
Brothers	112 (72)	110 (71)	50	47	36	39	45	45	56	51
Mother	132 (85)	124 (80)	61	58	52	49	61	50	68	67
Father	92 (59)	97 (62)	40	42	43	42	40	38	48	49
Friends	144 (93)	142 (91)	99	97	84	73	97	93	99	98
Overall	155 (100)	155 (99)	98	97	97	87	96	96	99	98
C = Control E = Experimental										

Tennessee										
			Support Available							
Relationship	Caretakers with relative/friend		Emotional		Instrumental		Informational		Any type of support	
	C N=37 N(%)	E N=80 N(%)	C %	E %	C %	E %	C %	E %	C %	E %

Partner	7 (19)	29 (36)	86	90	100	90	71	86	100	93
Sisters	28 (76)	58 (73)	71	81	71	78	64	74	71	84
Brothers	30 (81)	57 (71)	60	61	67	58	60	60	70	65
Mother	25 (68)	58 (73)	72	62	76	67	64	60	88	79
Father	23 (62)	39 (49)	35	54	39	49	35	54	39	59
Friends	33 (89)	70 (88)	94	96	79	94	91	94	94	97
Overall	37 (100)	79 (99)	95	100	92	98	89	96	95	100
C = Control E = Experimental										

Pennsylvania										
Relationship	Caretakers with relative/friend		Support Available							
			Emotional		Instrumental		Informational		Any type of support	
	C N=107 N%	E N=156 N%	C %	E %	C %	E %	C %	E %	C %	E %
Partner	25 (23)	34 (22)	88	68	96	94	76	71	100	97
Sisters	79 (74)	117 (75)	71	71	62	60	66	64	75	73
Brothers	82 (77)	118 (76)	58	49	49	45	57	48	63	58
Mother	87 (81)	120 (77)	68	63	60	65	63	63	74	75
Father	66 (62)	87 (56)	42	42	39	40	42	44	53	54
Friends	84 (79)	127 (81)	100	97	88	95	95	98	100	98
Overall	107 (100)	156 (100)	94	97	94	91	93	95	97	97
C = Control E = Experimental										

reported under the column heading "Caretakers with relative/friend." The remaining columns report the proportions of caretakers who had minimal contact (at least once a year) with specific relatives and friends and could rely on them for support.

At least 99 percent of all caretakers in every state reported having minimal contact with at least one relative or friend, and a large majority believed that they could count on at least one person for some type of support. In Kentucky and Pennsylvania, only one to three percent of caretakers in either the control or experimental groups felt that they had no one to count on for any kind of support. The proportion of caretakers with no support from anyone was slightly larger in New Jersey's control (7%) and experimental (5%) groups, and in Tennessee's control group (5%).

Although their numbers are small (over all states, only 36 caretakers reported that no support was available to them), caretakers who report that they have no support may be of particular interest since they could be easily identified and targeted for services linking them to informal and community supports. In addition, caretakers without any informal support may benefit the most from efforts to establish linkages to support. Importantly, although they did not rely on them for support, this group of caretakers reported having, on average, nine relatives and friends. In addition, 33 percent of these caretakers were employed. The presence of relatives, friends, and coworkers in the caretakers' social networks may improve the prospects of successfully increasing the levels of informal support that are available to these families.(99)

Caretakers across all states had, on average, 9.4 (s.d. 2.5) friends and relatives on whom they might call for various kinds of assistance. Within the set of family members and friends that they were asked about, caretakers most often cited their friends as people they can go to for help. Overall, about three-quarters of the caretakers reported having mothers and siblings and had contact with them at least once a year. Across all support areas, caretakers perceived mothers and sisters as support providers more often than brothers. Still, half or more of the caretakers with brothers said that they could turn to them for support. Fewer caretakers (less than 63 percent across all states) reported having a father. Furthermore, fathers were less likely to be relied on for support than were other relatives or friends.

Even fewer caretakers reported living with a partner. For instance, more New Jersey caretakers reported co-residing partners than caretakers in any other state, and only 39 percent of them resided with a partner. But relative to fathers and brothers, as well as sisters and mothers, for the minority of caretakers who live with them, partners play a much larger support role, especially in the provision of instrumental support. Friends, however, play a more important role than partners for emotional and informational support.

Only 54 percent of the caretakers of all races in this study reported having fathers with whom they have regular contact and even fewer were residing with partners -- 32 percent of the caretakers of all races reported partners, but 46 percent of white caretakers, 45 percent of Hispanics, and only 22 percent of African Americans reported living with partners. These findings are consistent with what is known about recent changes in family formation among low income populations, especially African-Americans. In a 30-year longitudinal study following a cohort of teen parents and their children, Furstenberg (2001) observed a generational decline in the propensity to marry. In the 1960s the great majority of adolescent mothers married - usually the child's father. More than half of the older generation married by their early twenties, and by their mid-forties, three-fourths had wed. However, observing the next generation of teen mothers, Furstenberg noted that only 14 percent of the younger generation had married by their early twenties, and only 4 percent of those who were not mothers had wed.

Other observers of marriage and childbearing trends have also noted the steady increase in the formation of single-parent (usually female-headed) households, especially among low-income African-American women, over the last several decades (Garfinkel and McLanahan, 1986; Cherlin, 1992). However, the reason for this shift in household structure is not clearly understood. Wilson (1987) has argued that the trend has coincided with other structural shifts such as the decline in the proportion of African-American men who have access to steady work and the simultaneous rise in the incarceration and mortality rates of those men. Others have suggested that cultural changes in attitudes toward the institution of marriage have contributed to the formation of the single-parent family for all Americans and that this societal-wide change has been exacerbated by economic restructuring that hit African-American communities particularly hard (Cherlin, 1992).

Whether the decline in marriage is attributable to structural shifts in the economy, or cultural shifts in attitudes toward marriage, Stack's (1974) research on family support systems in impoverished communities found that African-Americans rely more on extended family members for support of all kinds rather than depending on marriage as the primary source of support (Cherlin, 1992). Certainly, with regard to the composition of their support networks, families in this study fit this characterization.

[Go To Contents]

6.2 Caretakers' Levels of Support

In order to get a rough estimate of the levels of support that might be available to caretakers, we created composite scores for each of the three kinds of support. These composite scores are the products of whether each instance of emotional, instrumental, or informational support available from each supporter (scored 0 - 1) and the frequency of contact with the supporter (scored 1 - 4), summed across supporters.(100) A total support score was computed by simply summing the three (emotional, instrumental, and informational) composite scores for each supporter. Using this scoring scheme, the maximum level of total support available from any one supporter is twelve. For instance, a friend who gave the maximum amount of total support would provide all three types of support and have daily contact with the caretakers. For any single type of support, the maximum level of support available from any one supporter is four.

Table 6-2 summarizes the levels of support that was available to caretakers at the initial interview in several ways. The upper portion of the state tables describe the average total, emotional, instrumental, and informational supports that caretakers reported were available to them from all members of their support networks. The lower portion of the tables summarize the levels of support that were available to caretakers from each of six groups of supporters -- partners, mothers, fathers, sisters, brothers, and friends. The levels of support that were available from family and friends are presented in two ways. The first set of columns provides the average support that was available to caretakers from each group of supporters. The average mean support, presented in the next to the last column, takes into account that caretakers could report several brothers, sisters, and friends, but only one mother, father, and partner. Whereas average support summarizes the contribution to total support from each supporter group, average mean support is the total support available averaged across members of a supporter group. Again, the maximum amount of support available from any one supporter is twelve.

Looking first at the upper portion of the table, we note that the average levels of support across the three types are very similar. In fact, the three types of supports are highly correlated -- emotional-informational, r = .93, emotional-instrumental, r = .80, and informational-instrumental, r = .80 -- so that if a caretaker had available one type of support, he or she usually had the other types available as well. However, the average levels of emotional and informational supports were somewhat greater than was the availability of instrumental support from all supporters, suggesting that members of the caretakers' support networks may have been better able to assist in ways that did not require their labor or strain their material resources.

Table 6-2
Average and Average Mean Support at Initial Interview

New Jersey						
Support at Initial Interview		**Average Support**			**Average Mean Support**	
		N	M	p	M	p
Total	C	131	34.9			
	E	197	34.3			
Emotional	C	131	13.0			
	E	197	12.7			
Instrumental	C	131	9.4			
	E	197	9.1			
Informational	C	131	12.5			
	E	197	12.4			
Partner	C	56	9.9		9.9	
	E	69	9.0		9.0	
Mother	C	93	5.2		5.2	
	E	116	5.0		5.0	
Father	C	61	4.1		4.1	
	E	89	3.3		3.3	
Sisters	C	103	8.4		3.5	
	E	161	7.9		3.7	
Brothers	C	87	6.3		2.3	
	E	145	5.7		2.5	
Friends	C	96	19.5		7.9	
	E	160	19.8		7.6	

Kentucky						
Support at Initial Interview		**Average Support**			**Average Mean Support**	
		N	M	p	M	p
Total	C	155	41.1			
	E	155	36.3	.05		
Emotional	C	155	15.1			

	E	155	13.6			
Instrumental	C	155	11.5			
	E	155	9.9	.05		
Informational	C	155	14.5			
	E	155	12.8	.04		
Partner	C	56	9.5		9.5	
	E	51	10.8	.02	10.8	.02
Mother	C	132	5.9		5.9	
	E	124	5.2		5.2	
Father	C	92	3.8		3.8	
	E	97	3.6		3.6	
Sisters	C	117	8.9		4.5	
	E	100	6.8		3.5	
Brothers	C	112	5.6		3.5	
	E	109	4.9		3.6	
Friends	C	144	21.1		8.0	
	E	142	20.2		7.8	

Tennessee						
Support at Initial Interview		**Average Support**			**Average Mean Support**	
		N	**M**	**p**	**M**	**p**
Total	C	37	39.5			
	E	79	44.2			
Emotional	C	37	13.8			
	E	79	15.3			
Instrumental	C	37	13.1			
	E	79	14.3			
Informational	C	37	12.7			
	E	79	14.6			
Partner	C	7	9.7		9.7	
	E	28	10.7		10.7	
Mother	C	24	8.4		8.4	
	E	58	6.5		6.5	
Father	C	23	3.8		3.8	
	E	39	4.2		4.2	
Sisters	C	28	10.8		4.8	
	E	58	13.4		5.8	
Brothers	C	30	9.3		4.3	
	E	57	7.7		3.7	
Friends	C	32	16.4		8.5	
	E	70	20.5		9.1	

Pennsylvania			

Support at Initial Interview		Average Support			Average Mean Support	
		N	M	p	M	p
Total	C	107	40.3			
	E	156	35.3			
Emotional	C	107	14.5			
	E	156	12.3	.05		
Instrumental	C	107	12.5			
	E	156	11.4			
Informational	C	107	13.3			
	E	156	11.7			
Partner	C	25	9.8		9.8	
	E	34	8.7		8.7	
Mother	C	87	5.0		5.0	
	E	120	5.0		5.0	
Father	C	66	3.9		3.9	
	E	87	3.5		3.5	
Sisters	C	79	10.0		4.8	
	E	117	7.4		4.9	
Brothers	C	82	8.2		3.9	
	E	117	5.1	.02	3.1	
Friends	C	84	20.9		8.8	
	E	127	20.7		127	8.8

The smaller amount of financial and instrumental support that is available from members of low-income individuals' support networks has been documented in other research. For instance, in a study of the supports that were available to former General Assistance recipients, Henly (1994) found that emotional support was provided most often, followed by informational, instrumental, and lastly financial support. Given that, in these studies, the recipients of support had very limited incomes, the relative positions of the various forms of support in the support hierarchy most likely reflect network members' capacity to provide the different kinds of assistance rather than the recipients' particular set of needs.

Examining the average contributions of supporter groups to total support, friends, partners, and sisters were the largest contributors to caretakers' overall support. As groups, brothers, mothers, and fathers contribute somewhat less to total support, but the lower levels of support that is contributed by mothers and fathers is partly attributable to the smaller numbers of supporters in these groups. When support is averaged across members of supporter groups, the positions of mothers and sisters in the supporter hierarchy shifts. Considering the support that was available from individual members of a supporter group, on average, partners, friends, and mothers were perceived to contribute higher levels of support than siblings and fathers.

Comparing the control and experimental groups, at the initial interview there were no differences in the levels of supports between the groups in either New Jersey or Tennessee. But in Pennsylvania, the control group had significantly more emotional support available than the experimental group ($p = .05$), and more overall brother support ($p = .02$). In Kentucky, control group members had significantly more instrumental ($p = .05$), informational ($p = .04$), and total support ($p = .05$) available, but the experimental group reported the availability of more support from partners ($p = .02$). The general similarity in support across the control and experimental groups at the initial interview was expected since randomization should assure that the groups are not different prior to receiving services.

[Go To Contents]

6.3 Effects of Family Preservation on Levels of Support

It is sometimes believed that family preservation programs may strengthen families' informal supports. To examine whether this occurred in the programs we studied, we used multivariate repeated measures analysis to assess the change in the levels of support that caretakers reported were available to them at each of the three interviews (at the beginning of service, four to six weeks after service began, and one year after the beginning of service). For each state, we examined change in the levels of total, emotional, instrumental, and informational support available to caretakers, and change in the levels of support available from family and friends. Table 6-3 summarizes differences between the experimental and control groups at the second and third interviews as well as change between interviews. In the repeated measures analysis, three main null hypotheses are tested. First, that support levels for the experimental group, averaged over the three points in time are equal to those of the control group. Second, that the averages of the groups at each point in time are the same. Third, that there is no interaction between time and group.

Of the three hypotheses, the last is central. A significant interaction between time and group indicates that support in the experimental and control groups changed in different ways. The levels of support that were available to caretakers could either increase or decrease over time in one or both groups, or increase in one and decline in the other group. Generally, we are interested in support increasing over time since more support is presumed to have positive effects on caretaker functioning and family well-being. Furthermore, larger increases in support in the experimental group would suggest that family preservation was helpful in this particular area of service.

By and large, there is not much evidence in any of the states that enhancing the availability of caretakers' informal supports was a strong effect of family preservation efforts. In Tennessee, the average levels of support that were available to did not change over time. The only significant difference between the control and experimental groups was the change in the level of support that was available from partners. Of caretakers who resided with partners, those in the control group reported that more support was available from their partners at followup than at post-treatment, whereas support from partners in the experimental group had actually decreased slightly over the same period (p = .02).

For New Jersey caretakers, there were no significant differences between the control and experimental groups in the overall average levels of support or in changes in average support from relatives and friends or across any type of support over time.

Relative to the those in the experimental group, caretakers in the Kentucky control group reported having more total, instrumental, and informational support available, and more support available from sisters.(101) However, the level of informational support available over time decreased in the control group and increased in the experimental group (p = .08) so that at the followup interview the level of informational support available to caretakers in the two groups

Table 6-3
Support from Partners, Parents, Siblings, and Friends

Tennessee																		
		Post-treatment			Followup			Multivariate Repeated Measures										
									Means			Multivariate ps			Univariate ps-Time		Univariate ps-Grp-time interaction	
		N	M[a]	p[b]	N	M	p	N	Initial	Post	Follow	Grp[c]	Time[d]	Time - Grp[e]	Initial v. later[f]	Post v. Follow[g]	Initial v. Later	Post v. Follow
Total	C	39	42.9		36	40.6		28	44.1	47.9	42.2	.93	.38	.68				
	E	84	41.5		74	43.4		61	44.4	45.1	43.6							
Emotional	C	39	14.4		36	13.7		28	15.5	16.2	14.5	.92	.41	.89				
	E	84	14.2		74	14.7		61	15.3	15.6	14.8							
Instrumental	C	39	14.5		36	14.1		28	14.4	16.4	14.4	.59	.23	.47				
	E	84	13.6		74	14.0		61	14.2	14.5	14.1							
Informational	C	39	14.0		36	12.9		28	14.2	15.3	13.3	.70	.56	.70				
	E	84	13.7		74	14.7		61	14.8	15.0	14.8							
Partner	C	6	11.0		13	11.8	.005	4	11.5	10.5	12.0	.64	.84	.06				.02
	E	28	10.9		26	9.9		15	10.7	11.2	10.1							

Mother	C	25	8.8		24	9.2		17	9.1	9.5	9.9	.08	.32	1.0				
	E	60	7.8		50	8.2		44	7.3	7.7	8.1							
Father	C	23	4.0		20	3.3		16	3.6	4.1	3.3	.49	.40	.94				
	E	44	4.2		38	4.5		30	4.3	4.9	4.5							
Sister	C	31	13.7		31	10.7		23	12.7	14.9	12.6	.77	.43	.63				
	E	53	13.2		50	12.6		40	12.2	12.9	13.0							
Brother	C	29	8.6		28	8.1		21	11.1	10.4	10.1	.13	.90	.89				
	E	57	7.1		56	8.6		40	7.6	7.5	7.9							
Friend	C	32	19.4		25	18.6		17	19.1	23.0	19.3	.96	.34	.54				
	E	70	20.4		66	19.1		46	21.0	21.5	19.1							

[a] Means of control and experimental groups
[b] Test of hypothesis of equivalent group means
[c] Test of hypothesis that group means, averaged over time, are equal
[d] Test of hypothesis that means at three points in time, averaged over the groups, are equal
[e] Test of hypothesis of no interaction between group and time, that is, that the pattern of means over time is the same for both groups
[f] Test of hypothesis that time one is equal to average of time two and time three
[g] Test of hypothesis that time two is equal to time three

New Jersey																		
		Post-treatment			Followup			Multivariate Repeated Measures										
									Means			Multivariate ps			Univariate ps-Time		Univariate ps-Grp-tim interactior	
		N	M^a	p^b	N	M	p	N	Initial	Post	Follow	Grp^c	$Time^d$	Time - Grp^e	Initial v. $later^f$	Post v. $Follow^g$	Initial v. Later	Pos v. Follo
Total	C	141	34.3		107	35.5		84	36.3	37.1	36.9	.46	.64	.35				
	E	221	32.9		167	36.0		130	35.2	33.0	35.7							
Emotional	C	141	12.6		107	13.2		84	13.5	13.7	13.7	.58	.64	.51				
	E	221	12.4		167	13.5		130	13.2	12.5	13.5							
Instrumental	C	141	9.2		107	9.4		84	10.1	9.9	9.9	.26	.40	.64				
	E	221	8.4		167	9.4		130	9.2	8.3	9.2							
Informational	C	141	12.4		107	12.8		84	12.6	13.5	13.3	.65	.73	.24				
	E	221	12.1		167	13.1		130	12.9	12.1	13.0							
Partner	C	57	9.8		53	9.4		36	9.6	10.0	9.5	.69	.62	.66				
	E	77	9.6		64	9.8		36	9.1	9.3	9.7							
Mother	C	95	5.7		67	6.9		53	6.6	6.2	6.8	.23	.21	.51				
	E	120	5.4		101	6.1		67	5.3	5.5	6.1							
Father	C	69	4.2		49	4.1	.018	36	4.8	4.8	4.7	.67	.19	.12				
	E	98	3.7		63	6.1		47	3.8	3.8	5.6							
Sister	C	105	8.6		84	8.3		60	8.4	9.5	8.7	.64	.54	.73				
	E	168	8.2		130	8.3		96	8.3	8.5	7.8							
Brother	C	90	5.0		73	6.1		48	6.5	6.0	6.7	.76	.29	.95				
	E	151	5.5		119	6.2		90	6.2	5.3	6.3							
	C	107	19.6		83	18.0		52	18.9	20.4	17.8							

Friend	E	171	19.2		144	17.7		90	21.5	19.7	19.1	.47	.19	.20				

[a] Means of control and experimental groups
[b] Test of hypothesis of equivalent group means
[c] Test of hypothesis that group means, averaged over time, are equal
[d] Test of hypothesis that means at three points in time, averaged over the groups, are equal
[e] Test of hypothesis of no interaction between group and time, that is, that the pattern of means over time is the same for both groups
[f] Test of hypothesis that time one is equal to average of time two and time three
[g] Test of hypothesis that time two is equal to time three

Kentucky

		Post-treatment			Followup			Multivariate Repeated Measures										
									Means			Multivariate ps			Univariate ps-Time		Univariate ps-Grp-time interaction	
		N	M[a]	p[b]	N	M	p	N	Initial	Post	Follow	Grp[c]	Time[d]	Time - Grp[e]	Initial v. later f	Post v. Follow[g]	Initial v. Later	Post v. Follov
Total	C	150	39.5		119	41.0		108	43.2	42.1	40.8	.05	.82	.16				
	E	152	35.0		130	39.8		117	36.5	36.4	38.8							
Emotional	C	150	14.8		119	15.0		108	15.8	15.6	14.8	.12	.97	.16				
	E	152	13.4		130	14.8		117	13.8	14.0	14.6							
Instrumental	C	150	10.6		119	11.4		108	12.1	11.5	11.3	.03	.37	.65				
	E	152	9.0		130	10.3		117	9.9	9.4	9.9							
Informational	C	150	14.1		119	14.7		108	15.2	15.0	14.6	.07	.51	.08				
	E	152	12.6		130	14.7		117	12.8	13.0	14.4							
Partner	C	50	9.1	.067	37	9.7		32	10.1	9.7	9.6	.16	.37	.43				
	E	48	10.3		49	10.2		33	10.8	11.0	10.1							
Mother	C	118	6.6		100	6.3		85	6.2	6.6	6.0	.56	.18	.22				
	E	118	5.5		101	6.4		91	5.4	6.0	6.3							
Father	C	86	4.2		66	3.9		61	4.0	4.4	3.7	.82	.71	.31				
	E	94	3.5		83	4.2		71	3.7	3.7	4.1							
Sister	C	110	9.6	.031	88	9.5		75	9.6	10.2	10.2	.04	.75	.57				
	E	95	6.6		84	7.2		69	6.7	6.3	7.2							
Brother	C	112	5.7		87	6.7		72	6.1	6.6	6.9	.36	.11	.39				
	E	101	5.1		93	6.4		78	4.9	4.8	6.5							
Friend	C	137	19.2		111	20.0		93	22.6	20.3	20.3	.32	.03	.44	.01			
	E	139	19.5		121	20.5		99	20.6	19.4	20.2							

[a] Means of control and experimental groups
[b] Test of hypothesis of equivalent group means
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Pennsylvania

		Post-treatment			Followup			Multivariate Repeated Measures										
									Means			Multivariate ps			Univariate ps-Time		Univariate ps-Grp-time interaction	
		N	M[a]	p[b]	N	M	p	N	Initial	Post	Follow	Grp[c]	Time[d]	Time - Grp[e]	Initial v. later[f]	Post v. Follow[g]	Initial v. Later	Post v. Follo
Total	C	115	39.7		90	45.7		70	39.1	41.5	48.0	.23	.01	.79	.01	.01		
	E	161	35.6		135	41.3		102	36.5	38.1	42.9							
Emotional	C	115	14.4	.060	90	16.8		70	14.1	15.3	17.9	.09	.01	.57	.01	.01		
	E	161	12.4		135	14.7		102	12.8	13.5	15.1							
Instrumental	C	115	11.7		90	13.8		70	12.3	12.1	14.5	.74	.01	.82	.01	.01		
	E	161	11.5		135	13.4		102	11.7	12.1	13.9							
Informational	C	115	13.5	.063	90	15.1		70	12.7	14.1	15.6	.25	.01	.66	.01	.01		
	E	161	11.6		135	13.3		102	12.0	12.5	13.9							
Partner	C	23	10.7	.014	22	10.6		11	10.3	11.0	10.7	.50	.33	.87				
	E	36	8.3		27	10.1		12	9.3	10.1	10.4							
Mother	C	87	7.2		72	7.4		57	7.6	7.8	7.6	.94	.34	.56				
	E	111	7.5		104	7.5		74	7.1	7.7	7.9							
Father	C	63	4.4	.061	52	5.2		40	4.0	4.8	5.2	.20	.19	.23				
	E	89	3.0		78	3.8		54	3.6	3.1	4.1							
Sister	C	80	11.0		70	12.0		50	10.4	11.8	12.7	.06	.01	.83	.01			
	E	116	9.6		107	10.6		78	7.1	9.0	10.4							
Brother	C	91	10.0	.019	69	10.4		49	9.0	10.8	11.4	.01	.05	.48	.03			
	E	104	6.2		97	7.6		74	5.3	5.4	7.0							
Friend	C	91	17.8		76	20.1		42	20.9	18.0	23.9	.51	.02	.09		.01		.04
	E	126	20.5		115	20.5		74	22.6	21.8	22.4							

[a] Means of control and experimental groups

[b] Test of hypothesis of equivalent group means

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was essentially equal. The reported levels of friend support declined between the initial and later interviews (p = .01) in both the control and experimental groups.

Pennsylvania caretakers reported higher levels of total, emotional, instrumental, and informational support over time in both the control and experimental groups. With regard to relative and friend support, caretakers in the control group reported more sister and brother support, but the levels of sibling support increased over time in both groups. In addition, the availability of friend support increased over time in the control but not the experimental group (p = .04).

[Go To Contents]

6.4 Conclusions

This analysis examined the kinds of informal supports that were available to caretakers in the study, the composition of the caretakers' support networks, the levels of support that were available to the caretakers from their support networks, and the effect of family preservation services on their levels of support. Over all of the states, the great majority of caretakers identified at least one person that they could rely on for support. Indeed, less than four percent of the caretakers said that they had nobody to count on for any type of support. It is important to recognize that this small group of caretakers may be likely to benefit from services aimed at strengthening their informal support systems. However, most of the caretakers in this study cannot be characterized as being socially isolated since, on average, they reported having over nine friends and relatives in their social networks. This is not to suggest that these caretakers could not use additional informal support, they might, but we cannot assess that with the data at hand.

In terms of the composition of the caretakers' support networks, our findings are consistent with those of other research that has examined family formation trends. Caretakers rely primarily on kinship ties and friends rather than marital bonds for all kinds of support. Overall, only 54 percent of the caretakers in this study reported having fathers with whom they have regular contact and even fewer were residing with partners (32%). It may be partly a result of the scarcity of fathers and partners and the predominance of women (77 percent of the caretakers' friends were female) in their support networks, that caretakers rely more on females than males for support. However, caretakers who have bothers and fathers are generally less likely to receive support from them than from their mothers, sisters, and friends. Also, brothers and fathers tend to provide lower levels of support. This difference between male and female supporters may be related to the traditional gender division of labor that assigns the bulk of household tasks, family care, and emotional work to women.

Partners who reside with caretakers are more likely to provide support and to provide more support than either male or female extended family members. Hence, becoming involved with a partner might increase the amount of support -- particularly instrumental -- that is available to caretakers. However, the marriage prospects for many single mothers may be quite limited unless the socio-economic conditions that inhibit the formation of two-parent families improve substantially.

Lastly, we examined the effects of family preservation services on caretakers' levels of support and found little impact. It must be emphasized, however, that we do not know the extent to which family preservation workers focused on issues of informal social support. It is possible that this was a relatively unimportant component of these services, and that it is unrealistic to expect to see effects of family preservation services in this area.

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Endnotes

99. Repeated measures analysis of this subsample yielded no significant differences between the control and experimental groups' change in the levels of support across the three interviews.

100. Each of the summary measures assumes that caretakers had more support available from supporters with whom they had greater contact. Therefore, they only approximate the caretakers' levels of support.

101. In the secondary analysis, Kentucky experimental group caretakers reported having more support available from their partners (averaged across time). There was, however, no change in the average levels of support over time in either group.

Where to?

Top of Page | Contents

Main Page of Report | Contents of Report

Home Pages:
Human Services Policy
Assistant Secretary for Planning and Evaluation (ASPE)
U.S. Department of Health and Human Services (HHS)

Evaluation of Family Preservation and Reunification Programs: Final Report: Volume 2: Interviews with Investigating or Intake Workers

7. Interviews with Investigating or Intake Workers

[Main Page of Report | Contents of Report]

Contents

- 7.1 Investigating Worker Interviews in Kentucky, New Jersey, and Tennessee
- 7.2 Philadelphia Intake Worker Questionnaire

Endnotes

7.1 Investigating Worker Interviews in Kentucky, New Jersey, and Tennessee

Investigating workers were asked to complete a self-administered questionnaire as quickly as possible after random assignment.(102) Workers were asked a series of questions about the allegations, the investigation, and the results of the investigation. In New Jersey and Kentucky, cases came into the study through ongoing workers as well as investigation units, whereas in Tennessee all cases came from investigation units. Table 7-1 shows the number of completed questionnaires and response rates for cases coming from investigating workers (75% in Kentucky, 50% in New Jersey, and 70% in Tennessee). The content of the questionnaire filled out by Philadelphia intake workers was considerably different; therefore those data are presented in a separate section.

Table 7-1
Counts of Investigating Worker Questionnaires

Site	Number of cases randomly assigned	Percent referred from investigation units (%)	Responses from workers in investigation units	
			N	%
Kentucky	358	62	164	75
New Jersey	470	53	126	50
Tennessee	153	100	107	70

Table 7-2 provides some data on the timelines and frequency of contact in the investigation of the alleged maltreatment. Depending on the state, an average of one to three days passed between the date the complaint was received and the date the worker first contacted the family. There was greater variation in the number of days between the date the complaint was received and the date the investigation was completed; an average of about 40 days in Kentucky (75% completed in 56 days), 12&frac12; days in New Jersey (75% completed in 13 days), and just under 29 days in Tennessee (75% completed in 27 days).(103) On average, investigating workers in each of the three states reported making about 3 visits to the home where they met with one or

Table 7-2
Timelines and Frequency of Contact in the Investigation of the Alleged Maltreatment

	Kentucky			New Jersey			Tennessee		
	N	Mean	s.d.	N	Mean	s.d.	N	Mean	s.d.
Number of days from complaint to first talking with the family	147	1.43	3.05	119	3.34	10.34[a]	104	1.88	3.85
Number of days from complaint to completion of investigation	108	43.37	46.56	102	12.52	20.86	32	28.75	37.11
Number of visits to the home where worker									

met with one or more members of the household	148	3.20	2.25	119	2.97	1.85	104	2.85	3.32

[a] The large standard deviation here is primarily due to 3 cases where the first contact with the family occurred 57, 63, and 72 days after the complaint was received. Excluding those three cases, the mean for NJ is 1.77 days (s.d. = 3.21).

more members of the household (the average number of visits was slightly higher in Kentucky and lower in Tennessee).

Table 7-3 provides responses by state for each of the questions asked in the investigating worker interview. When asked who filed the recent complaint, investigating workers in all three states frequently cited school personnel, medical or public health personnel, and law enforcement personnel. Other frequent sources of complaints in Kentucky included social service agency personnel, relatives, and neighbors. In New Jersey, other frequent sources of complaints included social service agency personnel and self-reports by the caretaker. In Tennessee, other frequent sources of complaints were relatives and a category labeled "someone else" which included juvenile court. The source of the complaint was contacted in 83 percent of the investigations in Kentucky, 68 percent of the investigations in New Jersey, and 89 percent of the investigations in Tennessee.

Besides the source of the complaint, investigating workers were asked whether they obtained information from law enforcement, a hospital, clinic or doctor, school, or other agency. In all three states, schools were the most frequent sources of information for investigations (56% in Kentucky, 67% in New Jersey, and 45% in Tennessee). Information was obtained from law enforcement in 32 percent of investigations in Kentucky, 46 percent in New Jersey, and 19 percent in Tennessee. Information was obtained from hospitals, clinics or doctors in 35 to 45 percent of investigations, and from other agencies in about 20 to 30 percent of investigations.(104)

Table 7-3
Investigating Worker Questionnaire

	Kentucky		**New Jersey**		**Tennessee**	
	N	**%**	**N**	**%**	**N**	**%**
Who filed the recent complaint (cumulative % > 100)						
Medical or public health personnel	25	15	23	18	27	25
School personnel	51	31	37	29	22	21
Child care personnel	3	2	1	1	1	1
Law enforcement personnel	29	18	26	21	10	9
Social service agency personnel	16	10	15	12	7	7
Caretaker	13	8	15	12	5	5
Child victim	2	1	5	4	0	0
Other household member	1	<1	3	2	1	1
Relative(s) not in household	17	10	9	7	14	13
Neighbor(s), other non-relative(s) not in home	19	12	9	7	8	8
Anonymous person	4	2	4	3	2	2
Someone else	5	3	2	2	12 (105)	11
Don't know	3	2	1	1	1	1
Law enforcement took part in the investigation	44	27	38	30	28	26
Allegation(s) involved the following harm to a child						
Physical harm (other than sex abuse)	83	51	72	57	60	56
Sex abuse	10	6	3	2	7	7
Drug presence in newborn	2	1	2	2	6	6
Alcohol presence in newborn	0	0	1	1	0	0
Alleged harm (in 5a) was confirmed by a physician						
Physical harm	3	2	11	9	25	23

Sex abuse	1	<1	2	2	2	2
Drug presence	2	1	1	1	6	6
Alcohol presence in newborn	0	0	1	1	0	0
You or someone else from your agency contacted source of recent complaint	136	83	86	68	95	89
You or another worker visited the home	151	92	123	98	100	94
Talked to the child's caretaker	161	98	125	99	107	100
Found it difficult to gain admission to the home	15	9	8	6	11	10
You obtained information from...						
Law enforcement	53	32	58	46	20	19
Hospital, clinic, or doctor	63	38	57	45	36	34
School	92	56	84	67	48	45
Other agency	51	31	27	21	21	20
Total N	164		126		107	

Table 7-3,
continued Investigating Worker Questionnaire

Contact with individuals involved in the investigation:						
The perpetrator						
By phone only	1	<1	0	0	4	4
In person only	33	20	37	29	19	18
By phone & in person	120	73	63	50	69	65
Did not talk to individual	5	3	21	17	12	11
The caretaker						
By phone only	1	<1	1	1	4	4
In person only	32	20	39	31	17	16
By phone & in person	127	77	77	61	85	79
Did not talk to individual	1	<1	4	3	1	1
Child(ren) in complaint						
By phone only	0	0	1	1	1	1
In person only	113	69	80	64	78	73
By phone & in person	34	21	32	25	11	10
Did not talk to individual	14	9	12	10	16	15
Neighbor(s)						
By phone only	13	8	2	2	6	6
In person only	15	9	6	5	11	10
By phone & in person	11	7	8	6	5	5
Did not talk to individual	113	69	92	73	74	69
Relative(s)						
By phone only	43	26	11	9	22	21
In person only	20	12	34	27	20	19
By phone & in person	47	29	21	17	30	28
Did not talk to individual	50	31	51	41	34	32
Complainant(s)						

By phone only	52	32	31	25	27	25
In person only	19	12	19	15	13	12
By phone & in person	57	35	32	25	29	27
Did not talk to individual	34	21	37	29	35	33
Perpetrator denies all or most charges:	75	46	64	51	55	51
Worker provided services (other than monitoring):	120	73	89	71	76	71
Worker made referrals to services:	153	93	119	94	103	96
Actions taken concerning removal of child(ren):						
You or another worker removed child(ren)	16	10	14	11	7	7
You or another worker asked police or authorities to remove child(ren)	9	6	1	1	2	2
Police or other authorities removed child(ren) without being asked to do so by social worker	12	7	4	3	6	6
The child(ren) were not removed	117	71	97	77	90	84
Total N	164		126		107	

In all three states, approximately one quarter to one-third of investigations involved participation of law enforcement.

Investigating workers were asked whether the allegations involved one of four specific types of maltreatment: physical harm, sexual abuse, drug presence in a newborn, and alcohol presence in newborn. In all three states, approximately 50 to 60 percent of the investigations involved allegations of physical harm, whereas less than 10 percent involved sexual abuse, and 1 percent or less involved alcohol presence in a newborn. Drug presence in a newborn was alleged in 6 percent of investigations in Tennessee and 1 to 2 percent of investigations in Kentucky and New Jersey.(106)

For each of the four specified types of alleged harm, investigating workers were asked whether the alleged harm was confirmed by a physician. Investigating workers responded affirmatively in 2 percent or fewer of the cases in Kentucky, regardless of type of harm. In New Jersey, alleged physical harm was confirmed by a physician in 9 percent of the investigations, alleged sexual abuse in 2 percent of investigations, alleged drug presence in 1 percent, and alleged alcohol presence in 1 percent. In Tennessee, 23 percent of investigations involving alleged physical harm were confirmed by a physician. Two percent of Tennessee investigations involving alleged sexual abuse were confirmed by a physician, 6 percent of drug presence in a newborn cases, and in none of the cases did a physician confirm allegations of alcohol presence in a newborn.

When asked about contact and visits to the home, over 90 percent of investigating workers in all three states reported that they or another worker visited the home and that they talked with the child's caretaker. In fewer than 10 percent of the investigations in each state was it reported to be difficult to gain admission to the home. As shown in the table, the perpetrator and caretaker were most frequently contacted both by phone and in person, whereas children were contacted in person in 64 to 73 percent of investigations, by phone and in person in 10 to 25 percent of investigations, and not at all in 9 to 15 percent of investigations.

When asked whether the perpetrator denied all or most of the charges, the investigating worker responded affirmatively in 46 percent of the investigations in Kentucky, 51 percent in New Jersey, and 51 percent in Tennessee.

Workers in all three states reported providing services (other than monitoring) in approximately 70 percent of the investigations. They reported making referrals to services in over 90 percent of investigations.

Finally, investigating workers were asked about actions taken concerning removal of a child or children form the home. Children were removed from the home, either by a worker or by police, in approximately 17 percent of the investigations in Kentucky, 14 percent in New Jersey, and 13 percent in Tennessee. An additional 1 percent of investigations in New Jersey, 2 percent in Tennessee, and 6 percent in Kentucky involved a request by the worker for the police or authorities to remove children from the home. According to the investigating workers, children were not removed from the home in 71 percent of investigations in Kentucky, 77 percent of investigations in New Jersey, and 84 percent of investigations in Tennessee. The number of placements suggested by investigating workers seemed higher than expected given the evidence from analysis of administrative data on placements. Therefore, these cases were reviewed and cross-checked with other data sources.

All 65 cases (19 in NJ, 33 in KY, and 13 in TN) in which an investigating worker indicated either a request was made or action was taken to remove a child from the home were reviewed and cross-checked with available caseworker interviews, caretaker interviews, and administrative data. This additional analysis was done to address two primary concerns: undetected inappropriate referrals (cases in which we were not aware that all identified at-risk children were out of the home at the time of random assignment) and placements that were not captured in the analyses based on administrative data. Table 7-4 provides a breakdown of these cases by experimental group and the status of the findings. In summary, there do not appear to be any inappropriate referrals among these 65 cases. As for cases in which a placement occurred that was not included in any of the placement outcome analyses detailed in the main report, there are at most 9 cases in Kentucky (6 control group (3 of which are relative placements) and 3 FPS (1 relative placement)); and 3 cases in New Jersey (2 control group (both relative placements) and 1 FPS). No such cases were found in Tennessee.

Table 7-4
Cases in which the Investigating Worker Indicated Removal (N = 65)

	Kentucky		New Jersey		Tennessee	
Placement Status	C	E	C	E	C	E
Investigating worker knew about a placement that occurred during the investigation but before the IW form was completed (All of these placements were recorded in the administrative data)	3	-	3	-	4	5
Administrative data shows a placement occurred after the date that the investigating worker form was completed.(107)	7	2	4	2	-	2
Relative placements (In KY and TN, additional analyses were run that included known relative placements not reflected in the administrative data- the number in parentheses is the number of relative placements identified by investigating workers that were not included in those additional analyses)	4 (3)	2 (1)	4	-	-	1(0)
No additional confirmation of any placement (a request may have been made without action or children may have been temporarily removed for a short period of time but not officially placed in care)	5	4	4	2	-	-
A child in the home appears to have a placement. (number in parentheses indicates the number of cases in which no placement is recorded in the administrative data for any member of this case)	3 (2)	2 (2)	-	1 (0)	-	
Undetermined / conflicting information (number in parentheses indicates the number of cases in which no placement is recorded in the administrative data for any member of this case)	1(1)	-	-	1 (1)	-	-
Total	23	10	13	6	4	8

Note: C = Control Group, E = Experimental Group

7.2 Philadelphia Intake Worker Questionnaire

Resisting the use of another survey form solely for the purposes of the evaluation, staff in Philadelphia negotiated the use of a data collection instrument other than the investigating worker survey that was administered in the three Homebuilders sites of this study. Instead, investigating workers completed a brief intake questionnaire focusing on conditions in the home, problems for adults and children in the household, and service referrals that occurred as part of the investigation. This questionnaire was completed for 280 of the 353 randomly assigned cases (79%). Table 7-5 summarizes the findings for all items in the questionnaire.

When asked about the conditions observed during visits to the home, a majority of workers responded favorably on each of the 7 items. However, in 30 percent of the cases workers said they did not find the home in generally good repair; in 32 percent of the cases workers indicated there were not an adequate number of beds and bedding; and in 27 percent of the cases workers reported that they did not feel the neighborhood was safe.

In over 80 percent of the cases, the intake worker responded affirmatively to each of three questions about the relationship between the caretaker and the victim: did the caretaker show affection for the victim, did the caretaker show concern for the victim, and did the victim show signs of attachment to the caretaker.

According to the intake workers, the most frequently noted problems for adults in the household included parenting skills in general (88%), depression (56%), and inadequate supervision of the children (51%). The most frequently noted problems for children in the household included parent child conflict (37%), inadequate supervision of children (37%), and insufficient income for necessities such as food, rent, or clothing (37%).

The overwhelming majority of cases (92%) were referred for family preservation services (evidently, in the remaining 8% someone other than the intake worker made the FPS referral), and approximately a third were also referred to other services. Intake workers reported that in fewer than 10 percent of cases, the court ordered each of the following: family preservation services, foster care placement, other substitute care placement, or other services.

Table 7-5
Philadelphia Intake Worker Questionnaire

	N	Yes (%)	No (%)	Don't know/ did not observe (%)
When you visited the home, did you find...				
the home in generally good repair	274	69	30	2
the electricity in working order	279	98	1	1
the toilet, bath and shower in working order	279	89	8	3
the refrigerator and stove in working order	278	87	10	2
adequate number of beds and bedding	278	66	32	2
the home to be physically safe	279	87	11	2
the neighborhood to be safe	275	61	27	12

	N	Yes (%)	No (%)	Don't know/ did not observe (%)
Thinking about the relationship between the caretaker and the victim(s)...				
Did the caretaker show affection for the victim(s)	278	82	14	4
Did the caretaker show concern for the victim(s)	278	89	9	1
Did the victim(s) show signs of attachment to the caretaker	277	83	10	6

	Adult(s)				Child(ren)			
	N	Yes (%)	No (%)	DK (%)	N	Yes (%)	No (%)	DK (%)
Indicate whether the child(ren) or adult(s) have these common problems that may exist in the household.								
Physical health problems or disabilities	257	32	60	9	268	31	64	5
Depression	269	56	25	19	256	22	60	19
Other mental illness	266	15	50	35	263	7	68	25
Mental retardation	265	5	85	11	267	5	85	11
Alcoholism	270	21	63	16	260	0	95	4
Drug abuse	275	43	42	15	252	3	93	4
Parent child conflict	269	42	52	6	266	37	57	6
Arrests or convictions on criminal charges	271	13	54	34	261	2	89	9
Domestic violence	273	23	61	17	248	11	77	11
Inadequate supervision of children	267	51	43	5	250	37	58	5
Insufficient income for necessities such as food, rent or clothing	272	43	51	6	243	37	58	5
Overly severe discipline measures toward children	268	23	73	4	238	17	90	3
Finding or holding on to a place to live	269	37	61	2	234	24	74	2

Lack of discipline toward children	267	27	67	6	230	24	72	4
Parenting skills in general	274	88	11	1	202	45	52	4

Where was this case referred?	**N**	**(%)**
Family preservation	280	92
Foster care	280	1
Other services	280	31
The case was closed	280	3
Don't know	280	1

Table 7-5,
continued Philadelphia Intake Worker Questionnaire

	N	**Yes (%)**	**No (%)**	**Don't know (%)**
In the course of or as a result of the investigation of the children in this complaint, has the court ordered . . .				
Family preservation services	257	6	84	2
Foster care placement	253	1	88	1
Other substitute care placement	255	3	86	1
Other services	255	8	81	2
Note: The maximum N for individual questions ranged from 202 to 280.				

Endnotes

102. In a few cases, these instruments were completed by phone.

103. In Kentucky, some cases were kept open under the investigating worker in order to provide services. It is also possible that these timeframes reflect variations in what is meant by a "complete investigation." It is possible that all but the paperwork was completed in a shorter period of time.

104. Not all cases necessitate contact with these additional sources of information, and the character of the allegation obviously affects whom it is relevant to contact.

105. Ten of these cases were coded as juvenile court

106. The small proportion of cases with drug or alcohol presence is expected given that these family preservation programs avoided serving cases with known drug or alcohol use.

107. The length of time from the date the interview was completed to the date the placement occurred according to the administrative data varied from five days to two years. The placement in the administrative data may or may not be the removal that was referred to by the investigating worker. In any event, a placement is accounted for in the administrative data analysis.

Where to?

Top of Page | Contents

Main Page of Report | Contents of Report

Evaluation of Family Preservation and Reunification Programs: Final Report: Volume 2: The Staff Questionnaire

8. The Staff Questionnaire

[Main Page of Report | Contents of Report]

Contents

- 8.1 Kentucky, New Jersey, and Tennessee Staff
  - 8.1.1 Gender and Race
  - 8.1.2 Education
  - 8.1.3 Caseloads and Time Allocation
  - 8.1.4 Job Satisfaction
  - 8.1.5 Staff Views on Child Welfare and Family Service Issues
  - 8.1.6 Reactions to Work with Clients
  - 8.1.7 Preparation in Dealing with Casework Issues
  - 8.1.8 Experience, Tenure, and Future Employment Plans
  - 8.1.9 Summary for Kentucky, New Jersey, and Tennessee Staff
- 8.2 Philadelphia Staff
  - 8.2.1 Gender and Race
  - 8.2.2 Education
  - 8.2.3 Caseload and Time Allocation
  - 8.2.4 Job Satisfaction
  - 8.2.5 Views on Child Welfare and Family Service Issues
  - 8.2.6 Reactions to Work with Clients
  - 8.2.7 Preparation in Dealing with Casework Issues
  - 8.2.8 Experience, Tenure, and Future Employment Plans

Endnotes

An important aspect of program implementation and service delivery is the characteristics of the program staff. In their detailed description of the Homebuilders Model, Kinney, Haapala, and Booth (1991) note the difficulty in recruiting and maintaining qualified counselors to staff the family preservation programs. While the authors present their "first choice" applicant as "someone with a masters degree in social services, with a cognitive-behavioral theoretical background, and several years' experience working with families," they also note that "gender, age, race, marital status, parenthood, educational field, and degree have not been correlated with effectiveness on the job." Besides individual characteristics, Kinney, Haapala, and Booth encourage the selection of staff who share similar values, attitudes, and styles, cautioning that "if staff have large differences in how they view clients, it is likely they will differ about other agency policies, procedures, and ways they wish to relate to each other and to the community."

In this study, caseworkers in both public and family preservation agencies completed a self-administered questionnaire in which they were asked about a variety of job-related items, including their experience, qualifications, training, job satisfaction, preparation for dealing with casework issues, and attitudes toward clients and services.

Table 8-1 shows the number of completed questionnaires for each state and agency, separated by whether or not the respondent had a case in the study and by whether or not the respondent was considered to be case level staff. A respondent was considered case level staff if he or she reported carrying cases.(108) This summary focuses only on those case-level staff who carried a case in this study, with response rates ranging from 75 percent in Tennessee and 76 percent in New Jersey to 91 percent in Kentucky. Data on staff in Philadelphia are presented in a separate section as both family preservation and traditional services were provided by private agency staff and some workers carried cases from both random assignment groups.

Table 8-1
Counts for Completed Staff Questionnaires

	Does this respondent have a case in the study?			

Type of position & agency	Kentucky		New Jersey		Tennessee		Philadelphia[a]	
	No	Yes	No	Yes	No	Yes	No	Yes
Case level staff								
Public agency	39	159	136	199	6	37	35	139
FPS agency	4	18	--	29	1	17		
"Other" staff								
Public agency	34	19	99	29	5	2	25	12
FPS agency	3	--	2	6	1	2		
Number of completed questionnaires	80	196	237	263	13	61	60	151
Number of questionnaires mailed out to staff who have a case in the study		215		344		81		334
Response rate for staff with a case in the study		91%		76%		75%		63%

[a] Philadelphia respondents are not categorized according to FPS or Public Agency status. Both FPS and traditional (SCOH) services were provided by private agency staff and some workers were responsible for both types of cases.

8.1 Kentucky, New Jersey, and Tennessee Staff

Table 8-2 provides a summary of responses by staff with a case in the study to most of the questionnaire items, separated by state. Within each state, responses from Public and FPS staff are reported separately.

Table 8-2

Summary of Responses from Case Level Staff(109) Who Have a Case in the Study: Kentucky, New Jersey, & Tennessee

	Kentucky					New Jersey					Tennessee				
	Public		FPS		p	Public		FPS		p	Public		FPS		p
	N	%	N	%		N	%	N	%		N	%	N	%	
Respondent is male	15	20	18	22		195	22	29	35		36	11	16	25	
Race/Ethnicity	15		18			185		28			34		15		.0
Black (not Hispanic)		25		22			43		25			74		53	
White (not Hispanic)		73		78			42		54			27		33	
Hispanic		1		0			11		18						
Other		2		0			4		4					13	
Participated in on the job training in past 12 months	15	92	17	94		196	91	29	100		37	76	17	88	
Attended seminar or workshop in past 12 months	15	91	17	100		196	90	29	93		37	97	17	100	
Taken for-credit courses in a degree program in past 12	15	18	17	47	.01	188	23	28	36		37	16	16	31	
Taken non-credit course on a work-related topic in past 12	15	23	17	18		190	43	28	39		36	14	17	29	
Participated in other in-service training in past 12 months	15	82	17	94		193	83	29	86		37	89	17	82	
Field of study	15		17			199		29			37		17		
Education		5		6			10		3			16		17	

Law/criminal justice		10					6		10			8			
Math/science							1					3			
Mgmt/administration		3					4		3			16			
Other humanities		6					8		7			5		6	
Social services		49		65			33		28			32		47	
Social work		25		29			26		38			19		41	
No code/NA/missing		3					2		7					6	
Level of education	15		18		.001	197		29		.001	37		17		.0
AA degree, high school diploma, GED, or less							7					3			
Bachelors degree		58					55		31			62		6	
Some graduate study		23		11			24		17			30		30	
Masters degree or beyond		18		89			14		52			5		65	
Future employment plans	15		16			183		28		.03	34		16		
Do not plan to look for other employment or would like		83		88			85		100			74		81	
Looking for other employment but have not found		17		12			15		0			27		19	

Table 8-2,
continued Summary of Responses from Case Level Staff Who Have a Case in the Study: Kentucky, New Jersey, & Tennessee

	Kentucky					New Jersey					Tennessee				
	Public		FPS			Public		FPS			Public		FPS		
	N	Mean	N	Mean	p	N	Mean	N	Mean	p	N	Mean	N	Mean	p
Usual caseload size	15	19.5	17	2.2	.00	19	22.8	29	3.1	.00	34	49.0	17	2.1	.00
Largest # of families in caseload	151	23.9	18	1.9	.001	190	28.9	27	3.0	.001	35	58.8	17	3.1	.001
% of time spent investigating abuse/neglect complaints	158	38.23	18	2.5	.001	179	38.8	26	.03	.001	36	58.2	17	7.1	.001
% time spent on family preservation services	156	14.4	18	91.6	.001	178	13.4	29	93.9	.001	35	17.3	17	94.7	.001
% time spent on foster care placement and/or supervision	156	15.4	18	1.7	.001	180	16.0	26	0.0	.001	35	5.8	17	0.3	.002
% time spent on followup services for abuse/neglect families	157	33.3	18	3.1	.001	181	36.5	26	3.4	.001	35	18.1	17	1.5	.001
How satisfied are you with various aspects of your job?															
Salary	158	4.5	18	3.7	.02	184	3.3	28	3.6		36	4.2	17	3.6	.07
Workload	158	3.4	18	2.1	.001	183	3.5	28	2.0	.001	36	3.9	17	2.0	.001
Supervision	157	2.1	18	1.9		178	2.5	28	1.8	.002	34	2.7	16	1.8	.01
Work difficulty	157	2.6	18	2.0	.001	182	3.1	27	2.4	.001	36	3.3	16	2.5	.01
Chances of promotion	157	3.2	18	3.6		177	3.9	27	3.9		33	4.1	17	4.1	
Fringe benefits	157	2.6	18	2.5		183	2.9	28	3.0		35	3.1	17	3.2	
Overall job satisfaction (average for all 6 items)	158	3.0	18	2.6	.004	183	3.2	28	2.8	.002	36	3.5	17	2.9	.001

Indicate how much you agree/disagree with the following statements:															
Abuse and neglect are social problems...services cannot do much to save	155	3.1	18	3.5	.03	185	2.8	29	3.7	.00	37	3.6	17	3.7	
No matter how bad a natural family is, foster care is usually worse	158	3.3	18	3.1		187	3.2	29	3.2		37	3.4	17	3.1	
There are many cases in which children remain at home and would have	158	2.2	18	2.3		186	2.3	29	2.5		37	2.4	17	2.3	
It is never justified to take chances with the lives of children	158	1.4	18	1.4		185	1.3	29	1.4		37	2.1	17	1.5	
If a child I left at home were seriously injured due to maltreatment, I	158	1.9	18	1.9		187	1.9	29	2.3	.05	37	2.0	17	1.9	
Removing a child from his or her parents can be so deep a trauma to the child that it is almost always worth taking the risk to leave the child	158	3.3	18	3.1		186	3.3	29	3.0	.04	37	3.4	17	2.9	
Families who deny the truth of a validated allegation of abuse or neglect	154	2.7	18	3.0		185	2.6	29	3.1	.01	37	2.9	17	3.1	
Most families with records of several past complaints should not be given	156	3.0	18	3.2		187	3.0	29	3.2		37	3.1	17	3.5	
Placement prevention should be primary goal of family preservation pgrms	156	2.0	18	2.4		186	1.7	29	2.1	.06	37	2.0	17	2.0	
Only families with a child at imminent risk of placement should be referred to intensive family preservation services	157	2.7	18	1.5	.001	187	2.8	29	2.2	.001	37	3.1	17	2.3	.08

Table 8-2,

continued Summary of Responses from Case Level Staff Who Have a Case in the Study: Kentucky, New Jersey, & Tennessee

	Kentucky					New Jersey					Tennessee				
	Public		FPS			Public		FPS			Public		FPS		
	N	Mean	N	Mean	p	N	Mean	N	Mean	p	N	Mean	N	Mean	p
Indicate how much you agree/disagree with the following statements about your reactions to work with clients:															
I feel I treat some of my clients as impersonal objects	158	3.6	18	3.8	.06	198	3.8	27	3.9		37	3.7	17		
I deal very effectively with the problems of my clients	158	1.8	18	1.5	.06	198	1.6	29	1.6		37	1.7	17	1.6	
I have become more callous toward people since	156	2.9	18	3.5	.009	196	3.3	29	3.8	.002	37	3.1	17	3.7	.01

being															
Many clients cannot be helped no matter what I do	158	2.7	18	3.4	.005	198	2.8	29	3.4	.001	37	2.8	17	3.5	.007
I think clients often blame me for their problems	158	2.3	18	3.6	.001	198	2.6	29	3.8	.001	37	2.9	17	3.3	
I have accomplished much that is worthwhile in this job	158	1.8	18	1.4	.09	198	1.7	28	1.5		37	1.7	17	1.5	
I feel burned out from my work	158	2.6	18	3.0		197	2.5	29	3.3	.001	37	2.1	17	2.4	
How prepared do you feel to deal with each of the following															
Assessing problems	158	1.8	18	1.4	.05	196	1.5	29	1.6		37	1.6	17	1.4	
Assessing risk	158	1.8	18	1.6		197	1.6	29	1.7		36	1.7	17	1.5	
Case planning	154	2.1	18	1.7	.09	196	1.7	29	1.8		35	1.8	17	1.8	
Assessing family functioning	155	2.0	18	1.7		196	1.8	29	1.6		36	2.2	17	1.6	.03
Assessing child functioning	155	2.1	18	1.5	.001	196	1.8	29	1.8		36	2.1	17	1.8	
Family systems	153	2.1	18	1.7	.04	193	1.9	29	1.9		35	2.1	17	1.9	
Building client relationships	153	1.6	18	1.2	.02	196	1.5	29	1.3	.02	35	1.5	17	1.3	
Counseling families	149	2.3	18	1.5	.001	187	2.0	29	1.6	.02	34	2.1	17	1.5	.009
Permanency planning	147	2.4	12	2.1	.10	162	2.4	24	2.2		29	2.6	13	2.4	
Knowing when to terminate a case	148	2.3	18	1.7	.02	196	2.0	29	1.8		37	2.4	17	1.7	.02
Combined measure of how prepared respondent feels	155	2.1	18	1.6	.001	196	1.8	29	1.7		35	2.0	17	1.7	.
How many years of experience have you had in the following knids of work:															
Social work in general	137	5.4	16	3.9		195	12.2	28	6.2	.001	35	6.9	17	7.9	
Child welfare social work	130	4.0	14	2.9		176	9.5	20	4.6	.001	33	5.0	10	4.2	
Supervising others in social work	120	0.7	12	0.2		162	1.5	21	1.1		32	0.7	9	1.7	.10
Delivering family preservation services	117	1.4	13	2.5		164	3.1	24	2.4		32	4.4	15	4.2	
# of years working for this agency	147	3.7	17	2.0	.01	189	8.1	28	2.2	.001	37	4.9	14	2.1	.003
# of years since appointed to this position	141	1.4	17	1.3		182	5.3	29	1.7	.001	35	3.9	14	1.9	.08

8.1.1 Gender and Race

A majority of the staff in each state were female, with the proportion of male staff ranging from 11 percent in the Tennessee public agencies to 35 percent in the New Jersey family preservation agencies. Within each state, there were no significant differences between public and FPS agencies with respect to gender.

With respect to racial and ethnic composition, respondents from the New Jersey agencies, both public and private, had the greatest diversity. In New Jersey, Whites made up 42 percent of public agency staff and 54 percent of FPS agency staff, in comparison, Black made up 43 percent of public agency respondents and 25 percent of FPS agency respondents. New Jersey had the highest representation of Hispanic respondents (18% among FPS agencies and 11% among public agencies), and at least a small percentage of respondents were represented in all four race/ethnicity categories. A majority (73-78%) of the respondents in both public and FPS agencies in Kentucky were White, with the remainder primarily Black (22-25%) and just a few public agency workers reporting their ethnicity as Hispanic (1%) or "Other" (2%). In Tennessee, approximately three-quarters of respondents in public agencies were Black with the remainder being White, and approximately one-half of FPS agency respondents were Black, one-third were White, none Hispanic, and 13 percent reported their race/ethnicity as other than Black, White, or Hispanic.

8.1.2 Education

In all three of the states, FPS staff had higher levels of education (all significant at p £ .001). In all three states, comparing public agency and FPS staff, a smaller proportion of public agency staff held a degree at the Masters level or higher (18% vs. 89% in Kentucky, 14% vs. 52% in New Jersey, and 5% vs. 65% in Tennessee). A small percentage (7%; n = 14) of public agency staff in New Jersey and one public agency respondent in Tennessee reported an education level less than a Bachelor's degree. Of the fourteen respondents in New Jersey with less than a Bachelors degree, approximately half reported their positions as case manager. The other half of those New Jersey respondents as well as the one Tennessee respondent with less than a Bachelors degree reported their positions as caseworker.

There was a fair amount of variability in workers' responses to questions about the field of study for the highest degree they obtained - particularly among public agency staff. The majority of staff (ranging from 51% in Tennessee public agencies to 94% in Kentucky FPS agencies) indicated that their degree was in social work or social services. Other frequently named fields of study included education, law or criminal justice, and management or administration.

8.1.3 Caseloads and Time Allocation

As anticipated, when asked about usual caseload, public agency staff reported significantly higher numbers than FPS staff across all three states (see Table 8-2). Along the same lines, relative to public agency staff, FPS staff in each of the three states reported spending a significantly greater proportion of their time on family preservation services and a significantly smaller proportion of their time on investigations, placements, and followup services (again, see Table 8-2 for average proportions; all comparisons significant at $p <= .001$).

8.1.4 Job Satisfaction

Caseworkers were asked about their level of satisfaction with various aspects of their jobs, including salary, workload, supervision, work difficulty, chances of promotion, and fringe benefits. Responses to these items were also combined for an average measure of job satisfaction. In all three states, public agency workers were significantly less satisfied than FPS staff with respect to job satisfaction overall and with their workload and work difficulty in particular. Furthermore, in Kentucky, public agency staff were also significantly less satisfied than FPS staff when it came to salary; in New Jersey, public agency staff were also significantly less satisfied than FPS staff with supervision; and in Tennessee, public agency staff were also significantly less satisfied with supervision and differences were marginally significant with respect to salary ($p = .07$).

8.1.5 Staff Views on Child Welfare and Family Service Issues

Caseworkers were asked to indicate their level of agreement or disagreement in response to a series of 10 statements expressing views on a number of child welfare and family service issues. For many of the statements, respondents' average levels of agreement were near the mid-point of the scale (2.5, where 1 = strong agreement and 4 = strong disagreement) indicating neither strong agreement nor disagreement on average. For two of the statements - both relating to risk - the average responses for both FPS and public agency staff in all three states were skewed more towards strong agreement. Those statements were: "It is never justified to take chances with the lives of children" and "If a child I left at home were seriously injured due to maltreatment, I would find it hard to forgive myself." In New Jersey, on the second of these statements, there was a significant difference between average responses of FPS and public agency staff. Although both groups indicated agreement, public agency staff indicated stronger agreement with this statement than did FPS staff (1.9 vs. 2.3; $p = .05$).

In two of the states, there was stronger disagreement by FPS staff (relative to public agency staff) in response to the statement "Child abuse and neglect are social problems driven by strong social forces to the extent that social work services cannot do much to save children from danger." Differences between FPS and public agency staff in response to this statement were significant in Kentucky (3.5 vs. 3.1; $p = .05$) and New Jersey (3.7 vs. 2.8; $p = .001$), with small, non-significant differences in Tennessee (3.7 vs. 3.6).

On the issue of referrals to family preservation services, FPS staff in all three states indicated a greater degree of agreement than public agency staff with the statement: "Only families with a child at imminent risk of placement should be referred to intensive family preservation services." These differences were statistically significant in Kentucky (1.5 for FPS and 2.7 for public staff; p = .001) and in New Jersey (2.2 for FPS and 2.8 for public staff; p = .001), and differences were in the same direction but not statistically significant in Tennessee (2.3 for FPS and 3.1 for public staff; p = .08).

In New Jersey, there were two other statements for which there were significant differences in average responses for FPS and public agency staff. Public agency staff indicated stronger disagreement than FPS staff with the statement "Removing a child from his or her parents can be so deep a trauma to the child that it is almost always worth taking the risk to leave the child with his or her parents" (3.3 for public staff and 3.0 for FPS; p = .04). On the other hand, FPS staff indicated stronger disagreement on average than public staff with "Families who deny the truth of a validated allegation of abuse or neglect are such poor prospects for service that placement is usually justified" (3.1 for FPS and 2.6 for public staff; p = .01).

8.1.6 Reactions to Work with Clients

Caseworkers were given seven statements, six of which were drawn from the Maslach Burnout Inventory (Maslach and Jackson, 1986), an instrument designed to measure the following three dimensions of the psychological syndrome of burnout: emotional exhaustion, lack of a sense of personal accomplishment, and depersonalization of clients. For each statement, workers were asked to indicate their agreement on a 4 point scale (1 = strongly agree, 4 = strongly disagree, 2.5 = midpoint).

Three of the statements were intended to assess workers' depersonalization of clients: "I feel I treat some of my clients as impersonal objects," "I have become more callous toward people since being on this job," and "I think clients often blame me for their problems." On average, family preservation workers in all three states disagreed or strongly disagreed with these statements, with mean scores on individual items ranging from 3.5 to 3.8 in Kentucky, 3.8 to 3.9 in New Jersey, and 3.3 to 3.9 in Tennessee. Public agency workers also tended to disagree with these statements, however, their average scores were closer to the midpoint of the scale, particularly on the item "I think clients often blame me for their problems" where mean scores were 2.3 in Kentucky, 2.6 in New Jersey, and 2.9 in Tennessee. Comparing the FPS and public staff responses, FPS workers in all three states indicated significantly stronger disagreement on the item "I have become more callous toward people since being on this job."

Two of the statements were intended to assess workers' sense of personal accomplishment: "I deal very effectively with the problems of my clients," and "I have accomplished much that is worthwhile in this job." Both FPS and public agency workers in all three states indicated some level of agreement with each of these statements as average item scores ranged from 1.4 to 1.8. Differences between FPS and public agency staff in their level of agreement were marginally significant in Kentucky, with FPS workers indicating stronger agreement.

Only one item assessing emotional exhaustion was included in this questionnaire, and that item was a direct statement of burnout: "I feel burned out from my work." In Kentucky and New Jersey, both FPS and public agency workers, on average, indicated disagreement with this statement (although the average score for public agency workers in New Jersey was exactly at the midpoint). In New Jersey, FPS workers indicated significantly stronger disagreement than public agency workers (3.3 vs. 2.5; p = .001). In Tennessee, the average score on this item for public agency workers indicated moderate agreement while the average score for FPS workers was close to the midpoint, a non-significant difference (2.1 vs. 2.4).

The final item regarding workers' reactions to work with clients - one not drawn from the Maslach Burnout Inventory - was "Many clients cannot be helped no matter what I do." While all workers, on average, disagreed with this statement, FPS workers indicated significantly stronger disagreement than public agency workers in all three states.

8.1.7 Preparation in Dealing with Casework Issues

Workers were asked how prepared they felt to deal with 10 specific casework issues: assessing problems, assessing risk, case planning, assessing family functioning, assessing child functioning, family systems, building client relationships, counseling families, permanency planning, and knowing when to terminate a case. For each statement, workers were asked to indicate their agreement on a 5 point scale (1 = very well prepared, 5 = poorly prepared, 3 = midpoint). Within each of the states and groupings for type of staff, of all activities, preparation for permanency planning was thought to be worst - although, on average, all staff reported their preparation level as better than the mid-point of the scale. Within each state and type of staff (FPS or public), respondents thought themselves best prepared for "building client relationships." On average, Kentucky FPS staff reported being significantly better prepared than public agency staff on six of the ten casework issues (assessing problems, assessing child functioning, family systems, building client relationships, counseling families, and knowing when to terminate a case). In New Jersey, FPS staff reported being significantly better prepared than public agency staff on two of the ten casework issues (building client relationships and counseling families). In Tennessee, FPS staff reported being significantly better prepared than public agency staff on three of the ten casework issues (assessing family functioning, counseling families, and knowing when to terminate a case). On none of the items did public agency staff report feeling more prepared than FPS staff. When responses to all ten items were combined for an overall measure of how prepared workers felt, average scores were better than the mid-point of the scale, with FPS staff feeling significantly more prepared than public agency staff in Kentucky (2.1 vs. 1.6; p = .001) and marginally significant differences in Tennessee (1.7 for FPS staff and 2.0 for public agency staff; p = .06).

8.1.8 Experience, Tenure, and Future Employment Plans

When asked how many years of experience workers had in various kinds of social work, there was a considerable amount of variability both between states and between FPS and public agency staff. Looking at social work in general, Kentucky staff averaged around 4-5 years with no significant differences between FPS and public agency staff; New Jersey FPS staff averaged 6.2 years and New Jersey public agency staff averaged 12.2 years - a statistically significant difference (p = .001); Tennessee staff averaged 7-8 years of experience with no significant differences between FPS and public agency staff.

The average amount of experience in child welfare social work was 3 to 5 years for Kentucky and Tennessee staff, with no significant differences between FPS and public agency workers. In New Jersey, FPS workers averaged 4.6 years experience in child welfare and public agency staff averaged 9.5 years - again, a statistically significant difference (p = .001).

On average, staff reported being in their current position for over a year, with public agency staff having spent a greater amount of time in their current positions than FPS staff in both New Jersey (5.3 vs. 1.7; p = .001) and Tennessee (3.9 vs. 1.9; p = .08). Particularly among public agency staff, the average number of years working in the agency was consistently higher than the average number of years working in their current positions (3.7 vs. 1.4 in Kentucky; 8.1 vs. 5.3 in New Jersey; 4.9 vs. 3.9 in Tennessee). This may be indicative of the amount of turnover that occurs among positions but within the public agencies.

Although no effort was made to track the number of workers who left the agency during the timeframe of this study, workers were asked about their future employment plans. In each of the three states, a higher proportion of public agency staff reported that they were either "looking for other employment" or "have definite arrangements to take another job" (17% vs. 12% in Kentucky; 15% vs. 0% in New Jersey; p = .03 (Fisher's exact); and 27% vs. 19% in Tennessee).

8.1.9 Summary for Kentucky, New Jersey, and Tennessee Staff

In summary, the results of this questionnaire confirm anticipated differences between FPS and public agency staff in caseload size and allocation of time. There is also evidence of some significant differences between FPS and public agency staff on level of education, job satisfaction, how prepared they feel, amount of experience, and future employment plans. However, despite the fact that the FPS staff appear to have higher qualifications in some areas and are more satisfied with their jobs, no differences in staff qualifications and attitudes translate into differences in practice and thus differentially affect client outcomes.

There are a number of possible explanations for the apparent lack of a direct link between staff qualifications and attitudes and client outcomes. Inadequate measurement of the outcomes is one possibility. However, many of the outcome measures detected change over time, just not differential change fore the FPS and regular service groups. Availability of recommended services is another possible problem. FPS staff may develop more individualized or comprehensive case plans that help clients achieve desired outcomes, however, those case plans may not be implemented if the services are not available at that time. Another disconnect between staff characteristics and outcomes may occur if case plans are not implemented as a result of different philosophies or service approaches taken by the FPS worker and the public agency caseworker who resumes management of the case at the end of the family preservation program. Lastly, the brevity of the family preservation program may cancel out any advantages due to superior preparation, attitudes, or job satisfaction of FPS workers.

[Go To Contents]

8.2 Philadelphia Staff

All respondents from Philadelphia (n = 151) were employed by private agencies, and some workers were responsible for providing services to both FPS and non-FPS cases. Therefore, respondents were not categorized according to FPS or public agency status. Results are summarized in Table 8-3.

8.2.1 Gender and Race

Relative to the other three states, a fairly large proportion of the Philadelphia staff were male (40%). A majority of the staff were Black (61%) with another third White and a small percentage Hispanic (4%) or Other (3%).

8.2.2 Education

A majority of the staff (56%) held Bachelors degrees, slightly less than a fifth had completed some graduate study, and approximately one-quarter had a degree at the Masters level or higher. The most common areas for the field of study were social services (29%), social work (25%), and law or criminal justice (13%).

Table 8-3

Summary of Responses from Case Level Staff Who Have a Case in the Study: Philadelphia(110)

	N	%
Respondent is male	139	40
Race/Ethnicity	132	
Black		61
White		33
Hispanic		4
Other		3
Participated in on the job training in past 12 months	136	82
Attended seminar or workshop in past 12 months	134	96
Taken for-credit courses in a degree program in past 12 months	130	22
Taken non-credit course on a work-related topic in past 12 months	129	41
Participated in other in-service training in past 12 months	133	87
Field of Study	139	
Education		10
Law/criminal justice		13
Math/science		3
Mgmt/administration		3
Other humanities		10
Social services		29
Social work		25
No code/NA/missing		8
Level of education	137	
AA degree, high school diploma, GED, or less		1
Bachelors degree		56
Some graduate study		18
Masters degree or beyond (doctoral)		26
Future employment plans	129	
Do not plan to look for other employment		63
Would like to change jobs but not actively looking		24
Looking for other employment but have not found anything		10

Have definite arrangements to take another job		3
	N	Mean
Usual caseload size	136	11.3
Largest # of families in caseload	138	15.2
% of time spent investigating abuse/neglect complaints	122	45.1
% time spent on family preservation services	117	25.6
% time spent on foster care placement and/or supervision	115	7.8
% time spent on followup services for abuse/neglect families	121	25.5

Table 8-3,
continued Summary of Responses from Case Level Staff Who Have a Case in the Study: Philadelphia

How satisfied are you with various aspects of your job? (1 = highly satisfied, 5 = highly dissatisfied)		
Salary	130	3.2
Workload	130	3.0
Supervision	128	2.5
Work difficulty	130	2.8
Chances of promotion	129	3.1
Fringe benefits	130	2.7
Overall job satisfaction (all 6 items)	131	2.9
Indicate how much you agree/disagree with the following statements: [1 =strongly agree, 4=strongly disagree]		
Abuse and neglect are social problems…services cannot do much to save children from danger	139	3.7
No matter how bad a natural family is, foster care is usually worse	139	3.7
There are many cases in which children remain at home and would have been better off in a good foster home	139	2.8
It is never justified to take chances with the lives of children	139	2.1
If a child I left at home were seriously injured due to maltreatment, I would find it hard to forgive myself	139	2.5
Removing a child from his or her parents can be so deep a trauma to the child that it is almost always worth taking the risk to leave the child with his or her parents	139	3.7
Families who deny the truth of a validated allegation of abuse or neglect are such poor prospects for service that placement is usually justified	139	3.4
Most families with records of several past complaints should not be given any more chances to change	139	3.5
Placement prevention should be the primary goal of family preservation programs	139	2.4
Only families with a child at imminent risk of placement should be referred to intensive family preservation services	139	3.2

	N	Mean
Indicate how much you agree/disagree with the following statements about your reactions to work with clients: (1 = strongly agree, 4 = strongly disagree)		
I feel I treat some of my clients as impersonal objects	139	3.8
I deal very effectively with the problems of my clients	139	1.6
I have become more callous toward people since being on this job	139	3.4
Many clients cannot be helped no matter what I do	139	3.0
I think clients often blame me for their problems	139	3.1
I have accomplished much that is worthwhile in this job	139	1.8

I feel burned out from my work	139	2.8
How prepared do you feel to deal with each of the following casework issues (1 = very well prepared, 5 = poorly prepared)		
Assessing problems	137	1.7
Assessing risk	137	1.8
Case planning	135	2.1
Assessing family functioning	136	1.9
Assessing child functioning	137	1.9
Family systems	134	2.1
Building client relationships	138	1.7
Counseling families	136	1.9
Permanency planning	126	2.5
Knowing when to terminate a case	130	2.1
Combined measure of how prepared respondent feels (all 10 items)	137	2.0
How many years of experience have you had in the following kinds of work:		
Social work in general	133	7.4
Child welfare social work	120	4.9
Supervising others in social work	107	1.2
Delivering family preservation services	106	1.1
# of years working for this agency	93	2.9
# of years since appointed to this position	90	2.0

8.2.3 Caseload and Time Allocation

On average, workers reported a usual caseload size of 11.3 cases, with a large portion of their time (45%) spent investigating abuse or neglect complaints. An additional quarter of their time was spent on each of the following tasks: family preservation services and followup services, and a small proportion of their time (7.8%) was spent on foster care placement or supervision.

8.2.4 Job Satisfaction

Caseworkers were asked about their level of satisfaction with various aspects of their jobs, including salary, workload, supervision, work difficulty, chances of promotion, and fringe benefits. Combining these items for an average measure of job satisfaction, Philadelphia staff responses came out almost exactly at the midpoint of the scale (mean = 2.9 on a scale of 1 to 5). Staff were slightly more satisfied with supervision (mean = 2.5), fringe benefits (mean = 2.7), and work difficulty (mean = 2.8), and they were slightly less satisfied with chances of promotion (mean = 3.1) and salary (mean = 3.2).

8.2.5 Views on Child Welfare and Family Service Issues

In response to 10 statements expressing views on child welfare and family service issues, responses from Philadelphia staff were neutral or in disagreement with all but one of the statements. There was slight agreement (mean = 2.1) with the statement "It is never justified to take changes with the lives of children." Responses were relatively neutral on statements of whether workers would forgive themselves if a child were injured (mean = 2.5) and whether placement prevention should be the primary goal of FPS programs (mean = 2.4). Respondents expressed relatively strong disagreement on four statements containing negative views of services or families (see Table 8-3).

8.2.6 Reactions to Work with Clients

On average, workers expressed disagreement with all three statements assessing depersonalization: treating clients as impersonal objects (mean = 3.8), becoming callous toward people (mean = 3.4), and thinking clients blame them for problems (mean = 3.1). On the items measuring workers' sense of personal accomplishment (dealing effectively with clients, and accomplishing much that is worthwhile), average responses were between neutral and agreement. Staff in Philadelphia disagreed only slightly, on average, with the statement "I feel burned out from my work" (mean = 2.8).

8.2.7 Preparation in Dealing with Casework Issues

Similar to results in Kentucky, New Jersey, and Tennessee, staff in Philadelphia reported feeling worst prepared for dealing with issues of permanency planning. On the other hand, staff in Philadelphia reported feeling best prepared to assess problems and build client relationships. An overall measure of the 10 items yielded an average response of 2.0 - just slightly on the "prepared" side of the scale.

8.2.8 Experience, Tenure, and Future Employment Plans

When asked about their experience in various kinds of social work, Philadelphia staff indicated an average of 7.4 years experience in social work in general, 4.9 years in child welfare social work, 1.2 years in supervising others in social work, and just over one year of experience delivering family preservation services.

On average, workers reported working for this agency for just under three years and being in their current positions for two years. Only a small proportion of respondents (3%) indicated that they had definite arrangements to take another job, and an additional ten percent said they were looking for other employment.

[Go To Contents]

References

Kinney, J., Haapala, D. & Booth, C. (1991). Keeping Families Together: The Homebuilders Model. New York, NY: Aldine De Gruyter.

Maslach, C. & Jackson, S.E. (1986). Maslach Burnout Inventory (2nd ed.). Palo Alto, CA: Consulting Psychologists Press.

Endnotes

108. If respondents reported that they both carry cases and have supervisory responsibilities, they were only considered case level staff if they reported that they spend no more than 49 percent of their time in supervision.

109. Respondents were considered "case level staff" if they reported that they carry cases. If they reported that they carry cases and have supervisory responsibilities then they were only considered case level staff if they reported that they spend no more than 49 percent of their time in supervision.

Note: p-values are only reported when they are less than or equal to .10

110. Respondents were considered "case level staff" if they reported that they carry cases. If they reported that they carry cases and have supervisory responsibilities then they were only considered case level staff if they reported that they spend no more than 49 percent of their time in supervision.

Where to?

Top of Page | Contents

Main Page of Report | Contents of Report

Home Pages:
Human Services Policy
Assistant Secretary for Planning and Evaluation (ASPE)

Evaluation of Family Preservation and Reunification Programs: Final Report: Volume 2: Conclusions

9. Conclusions

[Main Page of Report | Contents of Report]

Contents

- 9.1 Outcomes
    - 9.1.1 Placement
    - 9.1.2 Child Safety
    - 9.1.3 Subgroups
    - 9.1.4 Case Closing and Subsequent Reopening
    - 9.1.5 Family and Child Functioning
- 9.2 Targeting
- 9.3 Possible Alternative Explanations of the Findings
- 9.4 What to Make of These Findings

Endnotes

In the late 1980s and early 1990s, family preservation programs became a popular response of states to rising rates of foster care placement of children. It was commonly assumed that many children were unnecessarily removed from their parents and that intensive services could prevent those placements while protecting children from harm. Early evaluations suggested these programs had considerable promise but these studies were criticized for flaws in research design. Later, more designed studies began to cast doubt on the extensive claims of success. The largest of these studies were in California, New Jersey, and Illinois. No placement prevention effects were found in California and Illinois, while the study in New Jersey found short term effects that dissipated with time.(111) However, these studies were also criticized, most notably for not having examined those programs thought to be most likely to be effective.

This evaluation of family preservation programs was designed to overcome shortcomings of previous studies. It assessed the extent to which key goals of the programs are being met: the goals of reduction of foster care placement, maintaining the safety of children, and improving family functioning.(112) It studied the Homebuilders model of service, thought by many to be the most promising, and it looked at a program in Philadelphia that used a different approach and focused on a particular population, families in which substance abuse was present.

The design for this evaluation was an experiment in which families were randomly assigned to either a family preservation program (the experimental group) or to other, "regular" services of the child welfare system (the control group). Families were followed for over a year after random assignment. Data collection involved multiple interviews with caretakers and caseworkers and examination of administrative data on placements, reports of maltreatment, and case openings and closings.

9.1 Outcomes

9.1.1 Placement

We are unable to conclude that the family preservation programs in these states achieve the objective of reducing placement of children in foster care.(113) A summary of various analyses of placement rates at various points in time following random assignment is shown in Table 9-1. In three of the sites (Kentucky, Tennessee, and Philadelphia) there were no significant differences in placement rates over time for the samples as they were originally randomly assigned (the "primary" analysis). In New Jersey, placement rates were significantly higher in the experimental group. Since some of the families in the control group were actually provided family preservation services ("violations") and some of the families in the experimental group did not receive services or received only minimal services ("minimal service" cases), we also conducted analyses in which we dropped those cases ("secondary" analyses). Results of the secondary analyses were quite similar to the primary analyses.

It was thought that the samples in Kentucky, New Jersey, and Tennessee included families that did not fit the conception of cases best suited for the program model, that is, cases in which there is an imminent risk of placement.(114) Hence, we attempted to identify subgroups that might better fit criteria for referral. This selection was based on the idea that the service is most useful for families in crisis. Hence, we focused on cases referred in the course of an investigation of abuse or neglect and cases with recent substantiated allegations of maltreatment, on the grounds that these groups of cases might reflect families in crisis. These "refined groups" analyses also failed to show differences between the experimental and control groups on placement rates over time.

In Kentucky and Tennessee, we obtained data from case records and caseworkers on placements with relatives that were not recorded in the administrative data. Adding those data to our analyses, there were again no differences between experimental groups. Although not statistically significant, some of the differences between groups appear to be fairly substantial, particularly at the one-year point. However, there is no consistent pattern to these differences, sometimes the experimental group percentage is higher, sometimes it is the other way around.

Table 9-1
Summary of Placement Data, Survival Analyses Families Experiencing Placement of At Least One Child Within Specified Periods of Time

Kentucky	**1 month**		**6 months**		**12 months**		**18 months**	
	E %	**C %**	**E %**	**C %**	**E %**	**C %**	**E %**	**C %**
Primary	6	5	18	18	25	24	27	27
Secondary	4	4	12	18	20	23	24	25
Refined analyses								
Investigative	8	5	15	14	26	15	28	20
Recent substant.	6	2	20	11	29	13	32	18
Petition cases	6	9	16	14	22	29	25	32

New Jersey	**1 month**		**6 months**		**12 months**		**18 months**	
	E %	**C %**	**E %**	**C %**	**E %**	**C %**	**E %**	**C %**
Primary	5	6	19	17	29	22	35	26
Secondary	3	6	17	17	27	23	34	27
Refined analyses								
Investigative	3	5	16	12	25	15	32	19
Recent substant.	8	5	19	12	25	14	33	21

Tennessee	**1 month**		**6 months**		**12 months**	
	E %	**C %**	**E %**	**C %**	**E %**	**C %**
Administrative data, primary analysis	11	11	22	19	23	19
Administrative data, secondary analysis	7	12	18	19	19	19
Including relatives, primary	11	11	26	21	28	23
Including relatives, secondary	7	12	20	19	23	21
Refined analyses						
Recent investigation, CORS	7	12	15	15	17	15
Recent investigation, includes Relative	7	12	18	18	22	21

Philadelphia	**1 month**		**6 months**		**12 months**		**18 months**	

	E %	C %	E %	C %	E %	C %	E %	C %
Primary	1	1	10	12	18	15	24	20
Secondary	1	1	9	13	15	16	21	19
Note: C = Control Group, E = Experimental Group								

As indicated above, the target group for the services in Kentucky, New Jersey, and Tennessee was families in which at least one child was "in imminent risk of placement." We found that, by and large, the families served were not in that target group. This is shown by the placement rate within a short period of time in the control group, indicating the placement experience in the absence of family preservation services. In all three states, the placement rate in the control group within one month (a liberal definition of "imminent") was quite low. It would, therefore, have been virtually impossible for the programs to be effective in preventing imminent placement, since very few families would have experienced placement within a month without family preservation services.(115) It should be noted, however, that the rates of eventual placement in the control group were higher, about one-fifth to one-fourth within one year. Hence, it would have been possible for family preservation to have shown effects on placement over time, but those effects were not observed.

There was one group that it seemed might represent better targeting, the "petition" cases in Kentucky. Prior to random assignment, workers submitted petitions to the court for placement or some other court ordered intervention on 67 families. It might be supposed that this group would be more likely to have children placed. Although more of the control group families in this group experienced the placement of a child within one month than other subgroups in Kentucky, that proportion was still quite low (10%), suggesting that focusing on groups such as this (cases with court involvement) would not resolve the targeting problem.(116)

9.1.2 Child Safety

In general, the rates of substantiated allegations of abuse or neglect were quite low. In most of our analyses, there was little difference between the family preservation and control groups in the incidence of reports of maltreatment subsequent to random assignment. An exception was the group of cases in Tennessee with prior allegations of harm within 30 days before random assignment. For this set of families, the control group had a significantly higher rate of subsequent substantiated allegations.

The findings of little difference between the experimental and control group can be read in two ways. It indicates that families served by family preservation were no more likely than families not receiving the service to be subjects of allegations of harm. In this sense, children were, by and large, kept safely at home while receiving family preservation services. However, children in both groups were primarily in their homes, and family preservation did not result in lower incidence of maltreatment compared with children in the control group.

9.1.3 Subgroups

In Kentucky, New Jersey, and Philadelphia we examined a number of subgroups of families to determine whether we could detect differences between experimental and control groups on placement and substantiated allegations subsequent to random assignment within each subgroup. Most of the subgroups were defined in terms of problems of the family, for example, substance abuse, financial difficulties, and depression. The number of cases in Tennessee was not sufficient to support subgroup analysis. No subgroups were found in which there were positive effects of family preservation services on placement or subsequent maltreatment. Hence, the effort to find subgroups for which family preservation service was successful in reducing placement was not successful.

9.1.4 Case Closing and Subsequent Reopening

There were no significant differences in case closing rates between the experimental and control group in New Jersey or Tennessee. There was a significant difference in Kentucky. Experimental group cases closed significantly quicker than control group cases. Regarding case reopenings, there were no significant differences between the experimental and control groups in Kentucky or New Jersey. In Tennessee, significantly more of the closed control group cases reopened (9 of 30 or 30%, compared to 8 of 66 or 12% of the experimental group).

9.1.5 Family and Child Functioning

We interviewed caretakers at three points in time, shortly after the beginning of service (the "initial" interview), four to six weeks later (at the end of service for families receiving family preservation services, called the "post-treatment interview"), and again a year after services began (the "followup interview"). Caseworkers for both experimental and control group families were interviewed at the first two of these points in time. In these interviews, we examined a number of areas of family and child functioning that might have been affected by family preservation services. We looked at both levels of functioning at post treatment and followup and changes over time in levels of functioning. We examined responses to some of the individual items in the interviews, and we combined responses into various scales measuring dimensions of functioning. The following are the areas examined.

Caretaker interview:

- Life events. An inventory of recent positive and negative life events was used to construct three scales: positive life events, negative life events, and depression.
- Problems. Nine items, examined individually.
- Economic functioning. Four items on difficulty in paying for rent, electricity and heat, food, and clothes were examined individually and combined in a scale.
- Household condition. Ten items, examined individually and combined in a scale.
- Child care practices. Fifteen items, examined individually and in three scales: positive child care practices, negative child care practices, and punishment.
- Caretaker depression. Scores on the SCL-90 depression scale.
- Child behavior. Thirty-five questions comprising scales for aggression, school problems, positive child behaviors, and negative child behaviors.
- Overall assessment of improvement. A single question.

Caseworker interview:

- Caretaker functioning. Nine five-point scale questions, examined individually and averaged.
- Household condition. Thirteen questions combined in a scale.
- Caretaker problems. Twenty-one questions combined in a scale.
- Child problems. Twelve questions combined in a scale.

The results of the measures of functioning are summarized in Tables 9-2 and 9-3. In a few of these areas of functioning, in one or the other of the states, families in the experimental group appeared to be doing better post-treatment. There were very few differences at the year followup and in changes over time. Those differences that did appear (primarily at post-

Table 9-2
Summary of Family and Child Functioning Outcomes, Data from Caretaker Interviews Differences Between Experimental and Control Groups at Post treatment, Followup, and Change Over Time

Area	Post treatment	Followup	Change over time
Life events			
Positive life events	KY: 0 NJ: 0 TN: 0 PA: fewer experimentals experienced positive life events	KY: 0 NJ: 0 TN: 0 PA: 0	KY: 0 NJ: 0 TN: 0 PA: 0
Negative life events	KY: 0 NJ: 0 TN: 0 PA: 0	KY: 0 NJ: 0 TN: 0 PA: 0	KY: 0 NJ: 0 TN: 0 PA: 0
Depression	KY: 0 NJ: 0 TN: 0 PA: 0	KY: 0 NJ: 0 TN: 0 PA: 0	KY: 0 NJ: 0 TN: 0 PA: 0
Family problems, individual items	KY: 0 NJ: fewer experimentals not enough money for food, rent, or clothing	KY: 0 NJ: 0 TN: 0	N/A

	TN: fewer experimentals had few or no friends PA: Ø	PA: Ø	
Economic functioning			
Individual items	KY: Ø NJ: fewer experimentals difficulty paying rent and buying clothes TN: Ø PA: Ø	KY: Ø NJ: Ø TN: fewer experimentals difficulty paying rent PA: more experimentals having difficulty buying food and clothes	N/A
Scale	KY: Ø NJ: experimental average lower (better) TN: Ø PA: Ø	KY: Ø NJ: Ø TN: Ø PA: Ø	KY: Ø NJ: Ø TN: Ø PA: Ø
Ø denotes that differences between groups were not significant at $p <= .05$; N/A denotes not applicable			

Table 9-2,
continued Summary of Family and Child Functioning Outcomes
Differences Between Experimental and Control Groups at Post-treatment, Followup, and Change Over Time

Area	Post treatment	Followup (one year after beginning of treatment)	Change over time
Household condition			
Individual items	KY: experimentals fewer broken windows or doors NJ: Ø TN: more experimentals in unsafe building because of illegal acts PA: Ø	KY: Ø NJ: Ø TN: Ø PA: more experimentals reporting not enough basic necessities	N/A
Scale	KY: Ø NJ: Ø TN: Ø PA: Ø	KY: no significant differences NJ: no significant differences TN: no significant differences PA: experimental group reporting more problems in household condition	KY: Ø NJ: Ø TN: Ø PA: Ø
Child care practices			
Individual items	KY: fewer experimentals used punishment for not finishing food NJ: experimentals less often got out of control when punishing child and more often encouraged child to read a book TN: more experimentals went to amusement park, pool, or picnic PA: Ø	KY: Ø NJ: Ø TN: Ø PA: Ø	
Positive scale	KY: Ø NJ: Ø TN: Ø PA: Ø	KY: Ø NJ: Ø TN: Ø PA: Ø	KY: Ø NJ: Ø TN: Ø PA: Ø
Negative scale	KY: Ø NJ: experimentals lower (better) TN: Ø PA: Ø	KY: Ø NJ: Ø TN: Ø PA: Ø	KY: Ø NJ: Ø TN: Ø PA: Ø
Punishment	KY: Ø NJ: experimentals lower (better)	KY: Ø NJ: Ø	KY: Ø NJ: Ø

	TN: Ø PA: Ø	TN: Ø PA: Ø	TN: Ø PA: Ø
Ø denotes that differences between groups were not significant at p <= .05; N/A denotes not applicable			

Table 9-2,
continued Summary of Family and Child Functioning Outcomes Differences Between Experimental and Control Groups at Post-treatment, Followup, and Change Over Time

Area	Post treatment	Followup (one year after beginning of treatment)	Change over time
Caretaker depression	KY: Ø NJ: Ø TN: Ø PA: Ø	KY: Ø NJ: Ø TN: Ø PA: Ø	KY: Ø NJ: Ø TN: Ø PA: Ø
Child behavior			
Aggression	KY: Ø NJ: Ø TN: Ø PA: Ø	KY: Ø NJ: Ø TN: Ø PA: Ø	KY: Ø NJ: Ø TN: Ø PA: Ø
School problems	KY: Ø NJ: Ø TN: Ø PA: Ø	KY: Ø NJ: Ø TN: Ø PA: Ø	KY: Ø NJ: Ø TN: Ø PA: Ø
Positive child behaviors	KY: Ø NJ: Ø TN: Ø PA: Ø	KY: Ø NJ: Ø TN: Ø PA: Ø	KY: Ø NJ: Ø TN: Ø PA: Ø
Negative child behaviors	KY: Ø NJ: experimental group lower (better) TN: Ø PA: Ø	KY: Ø NJ: Ø TN: Ø PA: Ø	KY: Ø NJ: Ø TN: Ø PA: Ø
Overall assessment of improvement	KY: experimentals, greater improvement NJ: experimentals, greater improvement TN: Ø PA: Ø	KY: Ø NJ: Ø TN: Ø PA: Ø	N/A
Ø denotes that differences between groups were not significant at p<= .05; N/A denotes not applicable			

Table 9-3
Summary of Family and Child Functioning Outcomes, Data from Caseworker Interviews Differences Between Experimental and Control Groups at Post-treatment and Change Over Time

Area	Post treatment	Change over time
Caseworker report of caretaker functioning (9 items)		
Individual items	KY: Ø NJ: control group higher (better) in ability in giving affection and providing learning opportunities TN: experimental group higher (better) on five items PA: Ø	KY: respecting child's opinions: experimental group declined, control group increased NJ: control group had more positive change in respecting child's opinions TN: experimental group more positive change on setting firm and consistent limits PA: Ø
Scale	KY: Ø	KY: Ø

	NJ: Ø TN: experimental group higher (better) PA: Ø	NJ: Ø TN: Ø PA: Ø
Caseworker report of household condition Scale (13 items)	KY: control group better NJ: control group better TN: Ø PA: control group worse	KY: Ø NJ: Ø TN: Ø PA: Ø
Caseworker report of caretaker problems Scale (21 items)	KY: experimentals more problems NJ: Ø TN: Ø PA: Ø	KY: Ø NJ: Ø TN: experimentals declined more PA: Ø
Caseworker report of child problems Scale (12 items)	KY: Ø NJ: Ø TN: Ø PA: Ø	KY: Ø NJ: Ø TN: Ø PA: Ø
Ø denotes that differences between groups were not significant at p <= .05.		

treatment) were not consistent across states and were not maintained. At best, it can be said that family preservation services may have small, apparently short-term, effects on some areas of functioning. There was one item with some consistency, the overall assessment of improvement by caretakers. At post treatment, in Kentucky and New Jersey, a significantly larger proportion of experimental group caretakers generally thought there was "great improvement" in their lives. This difference was significant in both the primary and secondary analyses. In the Tennessee secondary analysis, results tended in the same direction, though not significantly (p = .09). At followup, differences between the groups in Kentucky and New Jersey had nearly disappeared. In Tennessee at followup, control group respondents more often thought there was "great improvement" (p = .055).

9.2 Targeting

The findings of no effects of family preservation programs on placement rates and of problems in targeting these programs are not new, they have been observed in a number of rigorously designed experiments.(117) Partially as a result of these previous findings, efforts were made in this project to improve targeting. In New Jersey and Kentucky a screening instrument developed by the evaluators was employed to encourage referral of cases with a risk of imminent placement and to discourage referral of cases not at risk of placement. It is evident that this effort did not work; evidently, the screening instrument was a weak "intervention" in the problem of targeting.

Clearly, referring agents sent families to the programs that did not fit the criterion of imminent risk of placement. Our interviews with referring workers, discussed in earlier chapters, reveal some of the reasons. Workers acknowledged that they often did not refer cases that were at risk of placement, rather they used the programs for families that they thought could benefit from them. Evidently, they believed that in cases where placement was needed, family preservation services were not appropriate, contrary to the assumptions of the designers of these programs. But the programs were valued, and they were used to help families in the context of a generally service-poor child welfare system.

There are other possible explanations for the low placement rate in the control group. It is possible that in cases assigned to the control group, workers on those cases exerted efforts to prevent placement of the child. Placement prevention as a central value may pervade the system (perhaps more during the time we were collecting these data than now, it is possible that the Adoption and Safe Families Act has shifted emphasis away from this value). Of course, in this regard the philosophy of family preservation seems to have been widely adopted, even though rigorous evaluations have not shown placement prevention effects of its services.

But there are still other aspects of the targeting problem. Homebuilders has developed into a quite generalist program, used in a wide variety of cases. In Kentucky and New Jersey there is considerable heterogeneity in the cases referred to these services, in both characteristics and problems of families and in where the case is in the child welfare system. Families come from both the investigative and on-going phases of cases.(118) It seems likely that many of those referred from on-going caseloads are not referred because of likelihood of placement but because the case is not going well and everything else has been tried.(119) Families do not always appear to be in crisis, another important criterion for referral. Furthermore, a number of cases do not involve abuse or neglect, but rather are cases of child dependency or of parent-adolescent conflict. And the cases involve a wide range of ages of children at risk. It could be argued that this variation is detrimental to the development of programs. No one program can expect to be successful in all cases. Having such variation inevitably results in a lack of focus and prevents the development of specialized expertise in handling particular cases. The lack of focus and expertise is likely to affect the outcomes that can be expected. Furthermore, the variation in the character of cases must contribute to variations in outcomes.

A natural response to this state of affairs is that we must tighten up the targeting, demanding strict adherence to referral criteria. Our attempts to assist states to do this were clearly unsuccessful. We suggest that it will be extremely difficult to achieve the goal of better targeting. There are a number of reasons for this skepticism. Referring workers acknowledged that they often referred families that were not at risk of placement, at least not those at imminent risk of placement. We cannot fully explain why workers did not follow the rules for referrals, but we can propose some conjectures. Workers believe that they remove children from the home only when that is absolutely necessary, when no service can prevent placement. In this sense, one might conclude that family preservation values have come to pervade the system, there are few unnecessary placements, leaving few placements to be prevented with intensive services.(120) However, these services are valued by referring workers, they are responses to the needs of families (families other than those with children about to be placed), and services to meet those needs are scarce. Hence, family preservation programs are used for very real needs of families in the child welfare system.

Beyond this dynamic, there is the general tendency to expand the benefits of a good program. If a program is believed to be beneficial, it is often assumed that it will be useful for an ever-expanding range of cases. Evidently, this occurred in the states we studied. Expansion of the target group is aided by the fact that target group definitions usually have one or more vague terms that allow for the expression of discretion (e.g., most people's problems can be conceptualized as "crises").

Finally, our efforts to identify particular groups of families for which the programs are successful at preventing placement were mostly unfruitful. Hence we are unable to satisfy the demands of policy makers and practitioners for guidance on specific groups that might be targeted.

These circumstances, together with the fact that referrals to family preservation programs involve judgments that cannot be completely systematized or circumscribed, lead to our skepticism about the likelihood of improving targeting of these programs. Furthermore, it is possible that the programs are, by and large, being used in those circumstances for which they are best suited.(121)

9.3 Possible Alternative Explanations of the Findings

Positive findings of experimental evaluations provide evidence for the validity of a theory of intervention and confirm the effectiveness of a particular implementation of that theory. Null findings are more ambiguous, they do not necessarily disprove an intervention theory and may not even be evidence of ineffectiveness of implementation. One cannot be sure whether the results are due to problematic program conceptions, inadequate program implementation, unique contextual problems, or flawed evaluation procedures. The findings of this study will be questioned, as have those of the previous studies, for various supposed methodological and implementation shortcomings. We consider here some of the factors that might have affected the findings, beginning with problems in the implementation of the evaluation.

Violations of Experimental Assignment. In all three states, there were violations of experimental group assignment, that is, families assigned to the control group that were given family preservation services. This was particularly a problem in New Jersey, where 14 percent of the control group families received family preservation. The dictates of rigorous analysis required that we retain these cases in the control group (we also conducted "secondary" analyses in which we dropped these cases from analysis and there were few differences between our primary and secondary analyses). Violation cases could significantly affect the findings. For example, they could represent cases that would have experienced placement in the absence of the service. To the extent this was the case, the placement rate in the control group would be underestimated. This could affect the conclusions about both the effective targeting rate and experimental-control group differences in placement.

We attempted to examine the extent to which violations might have affected the results in New Jersey (there were too few violations in Kentucky and Tennessee to have significant effects). Even if all of the violations had been placed early on, the proportion of families in the control group experiencing placement would not have reached levels that one would consider close to adequate targeting. Sensitivity analysis in which all violations are assumed to be placed early suggests that under this extreme assumption there would have been differences in placement rates favoring the family preservation group early on but these differences dissipate over time.(122) Hence, at the very least, violations could not affect a conclusion that family preservation does not appear to prevent long placements of a year or more.

Inclusion of Minimal Service Cases in the Analysis. Some families in the experimental group did not receive family preservation services or received only small amounts of service. These cases were included in the primary analysis and it might be argued that this reduced the apparent effects of the service and that we should have eliminated these cases from analysis to produce a fair estimate of effects. We did drop these cases from our "secondary" analysis, and found few differences compared to the primary analysis. In addition, it should be observed that programs will always have minimal service cases, cases in which the family cannot be found, declines service, or otherwise refuses to cooperate. Retaining them in the analysis is appropriate in determining the average effects of the service over a group of cases thought to need the service. Theoretically, one might be able to reduce the size of the minimal service group through better targeting, but in practice, it is likely to be difficult to identify a substantial proportion of these cases prior to referral.

The "John Henry" Effect. The John Henry effect is reputed to be present in some experimental evaluations. This is the situation in which workers in control group cases exert special efforts on behalf of families, providing them far more service than would have been provided in normal circumstances (so the control group is not a "regular service" group). There are a couple of possible reasons this might occur. A worker might be unhappy with the experiment in general and with the assignment of this particular case to the control group in particular, and exert special effort in response. Alternatively, workers might feel the families assigned to the control group really need the experimental service, the prevention of placement is very important, so efforts are made to emulate Homebuilders. (This may be a special case of experimental leakage.)

In Kentucky and New Jersey, there is no evidence in the data on services to suggest this happened. Families in the experimental group did receive much more service than the control group. It is possible that the control group received more than "regular services." We cannot determine that. So it is possible that there is a threshold of services that has placement prevention effects and that was reached by the control group. If this were the case, it would indicate that the desired results can be obtained without intensive family preservation services.

In Tennessee, there is some evidence that families in the control group may have received as much, or perhaps more, service than the experimental group. This is seen in a specific set of questions asked of the caretakers about services received, and is not confirmed in other evidence regarding services provided to the two groups. Nonetheless, we cannot be as confident in Tennessee that experimental group families received much more service than the control group. Since the outcomes of the two groups were similar, this could again be taken as an indication that the results could be obtained without the family preservation services we studied.

Effects of the Experiment on the Nature of the Referred Group. It is possible that instituting the experiment caused a change in the character of cases referred to the program. In particular, agencies and workers were required to refer more cases in order to fill the control group as well as the experimental group. This resulted in dipping further into the pool of cases, perhaps taking "less severe" cases, those with less risk of placement. Anticipating this problem, we endeavored to select sites for the experiment in which demand considerably exceeded supply, however, we cannot be sure that we succeeded in this regard. It is also possible that workers referred different cases because of the chance that they would be assigned to the control group and not receive family preservation services. Or they may have changed referral practices to sabotage the research.

We cannot be sure that these factors were not present in referrals of families to the experiment, but we have no strong evidence that they were a strong influence. Operating against such dynamics were the desires of workers to provide significant services to families.

The Program Implementation was Flawed. The family preservation programs in Kentucky, New Jersey, and Tennessee claimed adherence to the Homebuilders model of service. However, it is possible that the implementation did not adequately follow that model, with the result that this evaluation was not a fair test of the model. We attempted to measure certain aspects of model adherence and found some variation from the prescribed ideal. One cannot expect any implementation of a model to adhere totally to it, adaptations must be made to local conditions, the character of individual cases, and to the styles of individual workers. Models of social service do not provide for the same response in all cases nor can they be used to prescribe exactly what should be done in each case. Even for the best specified model, judgment abounds in its application, such that there might be legitimate disagreements as to whether it was applied in a particular case. In fact, one might hope that a model would be "robust" for at least small violations of it, having benefit even when it is not applied in an ideal way.

In the end, it is a matter of judgment as to whether the model was adequately adhered to in these three states. The fact that we have three states with similar findings, that is, similar degrees of adherence to the model, is again relevant. Was the model violated in all three states? Possibly, but that would then suggest the difficulty, perhaps the unlikelihood, of adequately implementing it elsewhere.

Contextual Factors Caused the Model to Fail. It is possible that a variety of contextual factors caused the outcomes that we observed. There are a multitude of possible such factors: the political and economic climate, the climate in the agencies, administrative barriers, approaches of judges, competence of workers, availability of other services, etc. These influences would weigh on both the experimental and control groups, presumably in equivalent ways, but they could prevent any new approach from having effects different from usual treatment. While we cannot exclude such factors as explanations for our results, again the fact that we have three states with similar results is relevant. Multiple sites make it less likely that the same contextual factors are explanations of the findings. Furthermore, social programs must operate in less than ideal contexts, to be effective, their conceptualizations must take into account these circumstances.

One set of contextual factors may have prevented positive effects of family preservation services: broad social problems of poverty, racism, inadequate housing, inadequate education, and substance abuse. Perhaps it is unrealistic to expect a short term program to solve such serious problems.

The Program Conceptualization is Flawed. It is always possible that findings such as ours are the result of program design that is flawed. Obviously, this is the interpretation that is most difficult for program advocates to contemplate. But it is possible that the intervention activities of family preservation programs, even if carried out in an ideal way, are inadequate to achieve their goals. We note here one specific aspect of these programs that is often criticized and blamed for perceived failures: their brevity. It is often suggested that a program only four weeks in length, even if it is very intense, cannot expect to have significant effects on very serious individual and family problems, which are often of long duration, therefore requiring much longer interventions. Going even further, it is possible that the available intervention technology is simply inadequate in the face of the problems it is expected to solve.

9.4 What to Make of These Findings

The findings of this study are not new. As in this investigation, a number of previous evaluations with relatively rigorous designs have failed to produce evidence that family preservation programs have placement prevention effects or have more than minimal benefits in improved family or child functioning. The work reported here may be thought of as four independent evaluations, in four states, adding to the set of previous studies with similar results. While the findings of this study can be questioned (as have those of the previous studies), the accumulation of like findings from a number of studies in several states, with varying measures of outcome, is compelling.

The results do not indicate that family preservation services are detrimental to families. Generally, families in these programs did not do worse than those in the control groups. Nor should the findings be taken as showing that these programs serve no useful purpose in the child welfare system. The findings can be seen as a challenge to keep trying, to find new ways to deal with the problems of families in the child welfare system. The findings indicate the grave difficulties facing those who devise approaches to those problems, failure in such undertakings should not be surprising, and those who risk trying to find solutions should not be punished when evaluations such as this indicate they may have come up short.

The accumulation of findings suggests that the functions, target group, and characteristics of services in programs such as this need to be rethought. Obviously, function, target group, and services are closely intertwined. We discuss below some of the issues that should be considered in rethinking these programs.

The foremost of these issues concerns the objectives of the programs. A number of observers have suggested that placement prevention be abandoned as the central objective in intensive family preservation services in favor of other objectives, notably the improvement of family and child functioning. We have suggested above that targeting these services on families at risk of placement is unlikely to be successful, so if these services are to continue, they will continue to serve "in-home" cases, families in which there has been a substantiated allegation of abuse or neglect or serious conflicts between parents and children but in which children remain in the home. Although the focus of concern in child welfare policy has long been on foster care, in most jurisdictions there are far more cases opened for in-home services than for foster care (a relatively small proportion of indicated reports of maltreatment eventuate in removal of the child from the home and even fewer result in long term placement). Many, if not most, of these "intact" families need help. Relatively intensive and relatively short-term services such as those provided by family preservation programs are one source of such help. In this respect, family preservation programs can be thought of as an important part of the continuum of child welfare services.

Another question that program designers must address is that of specialization. We did not find subgroups for which the programs were successful, but as indicated above, these programs are quite generalist in character, and thus may sacrifice some of the benefits of specialization. Among those benefits are a clearer focus of services, tighter target group definition, specification of service characteristics such as length and intensity based on needs of the target group, and the development of more specific competencies on the part of workers. Specialization could be in terms of problems (e.g., substance abuse) or characteristics of clients (young, isolated mothers). There are clear drawbacks to specialization, including the tendency to define problems in terms of the service one offers. Furthermore, limiting target groups inherently limits the impact of programs. Nonetheless, it may be better to mount a series of small programs rather than putting all of one's resources into large, undifferentiated efforts.

Another issue that program planners must address is that of length and intensity. These aspects of services are generally considered to be inversely related. Because of cost, long-term services cannot be as intensive as short-term efforts. The Homebuilders model pushes the combination of intensity and short term to what seems to be the limit: no more than two cases per worker at a time, 10 to 20 hours of work on a case per week for one month, a period of time much shorter than the planned service period in traditional social services. This is a bold departure from the usual way of doing things. It is based on ideas of crisis intervention. At the time of crisis, people are ready to change and ready to make use of intensive help to change. While crises can happen at any time, child welfare clients are thought to be most likely to be "in crisis" at the time of, or shortly after, an investigation of child maltreatment. Hence, the prototypical family preservation case is a family referred by an investigative worker.

The extent to which the intensive-short-term-crisis approach fits the needs of child welfare clients needs to be reexamined. Families encountering the child welfare system have often been there before and have usually been involved with other public or private service programs, so that being investigated and threatened with removal of a child is more an element of on-going experiences than a crisis. Furthermore, the lives of these families are often full of difficulties--externally imposed and internally generated--such that their problems are better characterized as chronic, rather than crises.

Families with chronic difficulties can no doubt benefit from short-term, intensive services, but those services are unlikely to solve, or make much of a dent in the underlying problems. As an example, substance addiction is a chronic problem in many child welfare families, one that cannot usually be successfully treated in a month's time, however intensive the treatment. Of course, the hope is that family preservation programs will be able to connect families with on-going services to treat more chronic problems, but that appears to happen far less than needed. The central point here is that we need a range of service lengths and service intensities to meet the needs of child welfare clients.

Perhaps the best summary of the status of family preservation programs was provided by McGowan in 1990:

Family preservation services must not be viewed as a panacea. These are categorical programs able to help only one segment of the total range of families and children in need of support and are organized to provide limited types of case services. They cannot address the socioeconomic forces that contribute to tensions and inadequacies in family functioning nor can they provide the long-term assistance and/or specialized treatment required by some parents and children. Thus it is essential to maintain realistic expectations of what these programs can and cannot do.(123)

Endnotes

111. J. Littell and J. Schuerman. (1995). A Synthesis of Research on Family Preservation and Family Reunification. http://aspe.hhs.gov/hsp/cyp/fplitrev.htm .

112. We did not assess the extent to which reducing placement was an appropriate goal in particular cases; preventing placement and preserving families whenever possible is a well accepted value of the child welfare system.

113. The language we use here is carefully chosen. Technically, we cannot conclude that the programs had no effect.

114. This concern was less present in Philadelphia, since that site did not expressly target cases at imminent risk of placement.

115. It would be unreasonable to expect that targeting would be perfect, that is, that all cases referred for services were at imminent risk of placement. But how high should the targeting rate be? The answer to that question depends on the impact of the program, its costs, and the cost of placement. If the impact of the program is large (that is, it substantially reduces the rate of placement in those cases in which placement would have occurred) or if it is relatively inexpensive relative to the cost of placement, the targeting rate can be lower. Some algebra indicates that the ratio of cost of FPS to placement cost averted (per case served) must be less than the proportion of cases in which placement was averted. For example, if the targeting rate was .5 and the success rate was .4, then the proportion of cases served that result in placement avoidance will be .2 (the

product of .5 and .4). The ratio of the cost of FPS to the cost of placement must then be less than .2 for FPS to be cost effective.

116. This group also showed the largest difference between the experimental and control groups in percentages of families experiencing placement at one year, a difference of 15 percent favoring the experimental group. However, the difference is not significant. Furthermore, there are other differences in the table almost as large, some favoring the control group.

117. J. Littell and J. Schuerman. (1995). A Synthesis of Research on Family Preservation and Family Reunification. http: //aspe.hhs.gov/hsp/cyp/fplitrev.htm .

118. A number of cases in Kentucky and New Jersey were referred to family preservation to assist in the return home of children from foster care. These reunification cases were excluded from the experiment, but they may have contributed to the diffusion of the program.

119. The fact that the case is not going well and that everything else has been tried may or may not mean that placement is likely. Note that "everything else has been tried" is sometimes specified as a criterion for Homebuilders referral. As we noted earlier, this criterion conflicts with the objective of immediate response to crisis.

120. However, it is clear that there is great variation among jurisdictions, workers, judges, and other decision makers in the circumstances in which children are removed from their homes (J. Schuerman, P. Rossi, and S. Budde. (1999). Decisions on Placement and Family Preservation. Evaluation Review 23:599-618).

121. We note one effort to solve the targeting problem in the family preservation program in Detroit. As part of an experimental evaluation of the Families First program, judges were asked to identify cases in which they intended to remove a child from the family, but which they deemed could be diverted to family preservation. After screening by project personnel, a group of such cases was randomly assigned to family preservation or to other services, presumably placement. Results of the study have not been published to date. Our understanding is that the group selected for random assignment was a relatively small portion of all families designated for placement. Furthermore, although the procedure was very promising from the standpoint of tightening up the evaluation, it is unlikely that it could be implemented widely or consistently to solve the targeting problem.

122. Under the assumption that all violations would have been placed in the first month, 27 percent of the control group would have been placed in the first six months, compared to 19 percent of the experimental group. At one year, the proportions would have been 29 percent in the control group and 28 percent in the experimental group.

123. Brenda McGowan. (1990). Family-based services and public policy: Context and implications. In J. Whittaker, J. Kinney, E. Tracy, and C. Booth (eds.). Reaching High-Risk Families: Intensive Family Preservation in Human Services. (pp. 81-82) New York: Aldine de Gruyter.

Where to?

Top of Page | Contents

Main Page of Report | Contents of Report

Home Pages:
Human Services Policy
Assistant Secretary for Planning and Evaluation (ASPE)
U.S. Department of Health and Human Services (HHS)

EVALUATION OF FAMILY PRESERVATION AND REUNIFICATION PROGRAMS

FINAL REPORT – VOLUME THREE

Appendicies

April 30, 2002

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TABLE OF CONTENTS

LIST OF APPENDICES

APPENDIX A: SITE SELECTION A-1
APPENDIX B: SCREENING PROTOCOL B-1
APPENDIX C: RANDOM ASSIGNMENT FORM C-1
APPENDIX D: KENTUCKY FAMILY PRESERVATION REFERRAL FORM D-1
APPENDIX E: WORKER SAFETY CHECKLIST E-1
APPENDIX F: NEW JERSEY FAMILY PRESERVATION REFERRAL FORM F-1
APPENDIX G: TABLES FOR COMPUTING OPEN CASES IN KENTUCKY G-1
APPENDIX H: SECONDARY ANALYSIS FOR VOLUME 2, CHAPTER 2 .... H-1
APPENDIX I: SECONDARY ANALYSIS – VOLUME 2, CHAPTER 3 .... I-1
APPENDIX J: LIST OF COMPUTED VARIABLES J-1
APPENDIX K: STUDY INSTRUMENTS K-1

APPENDIX A

SITE SELECTION

Appendix A

State and Local Jurisdictions Contacted for Site Selection

Alabama	Michigan
Montgomery County	Minnesota*
Jefferson County	Hennepin County
Arizona	Missouri
Maricopa County	St. Louis
Pinal County	New Hampshire*
California	New Jersey
Solano/Contra Costa Counties	New York
Los Angeles	Eric County
San Diego*	Monroe County
Sacramento*	Long Island
Colorado*	New York City
Connecticut	Oregon
Hartford	Portland
N.E. Connecticut	Pennsylvania
New Haven	Philadelphia
Florida	Allegheny
Hillsborro	Tennessee
Idaho	Shelby county
Illinois*	Texas
Iowa	Bexar county
Des Moines	Houston
S.E. Iowa area	Dallas
Kentucky	Utah*
Jefferson County	Washington
Massachusetts*	Wisconsin

*States and local jurisdictions that were eliminated after initial calls.

The Family Preservation and Family Support Implementation study was selecting sites at the same time. It was decided that conducting both studies in the same site would be too burdeonsome for a state and therefore, Alabama, Arizona, Texas, and Los Angeles California, were eliminated as candidates of the second round of site visits.

APPENDIX B

SCREENING PROTOCOL

NATIONAL EVALUATION OF FAMILY SERVICES

SCREENING PROTOCOL

This form is for use in cases in which consideration is being given to referring a family to family preservation services. It is assumed that there has been a recent confirmed (substantiated) allegation of abuse or neglect in the case. This form is intended to assist in considering the appropriateness of referral to family preservation services.

Site: ____________________

Date: ______________ Person completing form: ______________________ Position: _________________

Family Name: ______________________ DSS Case Number: _______________

Number of children at risk of placement: ________________________________

Circle the number under the relevant answer. Make sure you circle an answer for each question. If you do not know the answer, circle 0.

a.	Number of previous separate episodes in which allegations of abuse or neglect were substantiated (confirmed): If you know that there has been at least one, but you do not know how many, mark 1.	Two or more 2	One 1	None 0	Unknown 0
b.	Has there been a substantiated (confirmed) allegation of maltreatment of any child in the family in the last six months?		Yes 1	No 0	Unknown 0
c.	Has a child in the family previously been removed and placed in substitute care because of maltreatment?		Yes 1	No 0	Unknown 0
d.	Has a perpetrator currently living in the family made threats of physical harm to a child in the last two weeks?		Yes 1	No 0	Unknown 0
e.	Has a perpetrator of maltreatment currently living in the family ever been convicted of a crime against a person?		Yes 1	No 0	Unknown 0
f.	Does a perpetrator currently living in the family abuse drugs?		Yes 1	No 0	Unknown 0
g.	Is at least one of the victims 3 years of age or less?		Yes 1	No 0	Unknown 0

(Over)

h.	Is this a single-female-headed household (one adult in the family, the mother, without husband or partner and without adult extended family)?	Yes 1	No 0	Unknown 0
i.	Does any of the family's income come from employment?	Yes 0	No 1	Unknown 0

Add up the numbers you have circled and enter the total here: ____________________

If the number you have entered is less than 2 or greater than 5, THIS FAMILY MAY NOT BE APPROPRIATE FOR FAMILY PRESERVATION SERVICES.

Final decision:

Refer to family preservation ______

Do not refer to family preservation ______

If the number you have entered is less than 2 or greater than 5 and the decision is to refer to family preservation services, what information about the case indicates this family is appropriate for FPS.

From whom did you first receive this referral?

Worker 1
Site coordinator 2

APPENDIX C

RANDOM ASSIGNMENT FORM

NEFS Random Assignment Form

Please fill out sections I and II before requesting random assignment

I. PUBLIC AGENCY INFORMATION:

Agency Name:______________________ Date:______________ Time:______ am/pm

City/County:______________ State:______ Phone:______________________

Requestor:______________________ Fax:______________________

Position:______________________
(Screener, Site Coordinator, etc.)

II. CASE INFORMATION:

Agency case ID:______________

Caretaker Name:______ Last ______ First ______ Middle Date of birth:____ Month / ____ Day / ____ Year

Street Address:______________________

Mailing Address (If different):______________________

City:______________ State:______ Zip:__________ Phone:______________

Children in referral:

Last name	First name	Middle name/initial	Date of birth	Agency case ID

Date of referral:______________________

Referring Worker:______________________

Agency Worker ID______________________

Phone:______________________

Investigating Worker? No Yes

Eligibility determination made by:

Agency:

Screener Supervisor Worker

Other

(Specify):______________________

Prior case openings?

No Yes __________ (date)

Screening Protocol Score:______________________

Prior FPS services received?

No Yes __________ (date)

III. RESULT OF RANDOM ASSIGNMENT: *(For Westat use only)*

RAF.WFW 05/17/02 10:54 AM

Affix Label

Date:______________ Time:______ am/pm

Result Transmitted to: Requestor Other (Specify):

____

Date:______________________

Time:______________________ am/pm

APPENDIX D

KENTUCKY FAMILY PRESERVATION REFERRAL FORM

DSS-1286
5/94

COMMONWEALTH OF KENTUCKY
CABINET FOR HUMAN RESOURCES
DEPARTMENT FOR SOCIAL SERVICES

R&S Approved ____________
R&S Rejected ____________
Referral Date ____________
FPP Received ____________
Accepted ____________
Rejected ____________
Reason Rejected ____________
____
____
____

______ EAP Eligible
______ Non EAP Eligible
______ EAP Termination Date

FAMILY PRESERVATION PROGRAM REFERRAL

1. Referral Source: CPS ____ JS ____ RIAC ___ Other ____ 2. DSS Case #: ____________
3. Referring Worker: ______________________ 4. Phone: ____________
5. Supervisor: ______________________
6. DSS Supervisor's Evaluation of Placement Risk: Critical ____ High _____ Moderate _____ Low _____
7. DSS Supervisor's Signature: ______________________ Date: ____________
8. Family Name: ______________________
9. Home Phone: ______________ Other: ______________
10. Address, Directions: ______________________

____

____

____

____

11. Date of Last Worker Contact with Family: ______________
12. Family Advised of FPP Referral: Yes ____ No ____
13. Name of Parent Willing to Work with FPP: ______________________
14. Adults in Home

Adults in Home	Relationship	Age
	-	

15. Is the child identified for potential placement (PP) currently living in the home? Yes ___ No ___
   A. If no, where is the child? ______________________
   B. Is the plan for the child to return home within seven days? Yes _____ No ___

16. Children in Home

Children in Home	PP	Sex	Age	DOB	Relationship	SS # PR only
	/	/	/			
	/	/	/			
	/	/	/			
	/	/	/			
	/	/	/			

*Child out of home

BEST COPY AVAILABLE

Family Name____________________

17. Other Parent Name: ____________________

18. Address, Phone #: ____________________

____

19. Is Court action pending? Yes____ No____ Type________ Next court date: ________

20. Reason for referral to FPP? Describe the current crisis that put the family at risk. ________

____

____

____

____

21. Discuss other issues; note family strengths and resources. ____________________

____

____

____

____

22. What is the intended placement if FPP is unavailable? ____________________

____

23. Has family been known to DSS previously? Yes____ No____

If yes, provide a summary of services and results. Include placement date. ________

____

____

____

____

24. Are other agencies involved with this family? Yes____ No____ If yes, please list.

Name of Agency	When	Length of Service

25. What changes need to occur for the child to remain in the home and safe?

____

____

____

____

26. DSS Family Services Worker's assessment of potential for physical violence:

Within Family__________ Toward Others __________

1) Extreme 2) High 3) Moderate 4) Low 5) None

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APPENDIX D

KENTUCKY FAMILY PRESERVATION REFERRAL FORM

Family Name____________________

17. Other Parent Name: ____________________
18. Address, Phone #: ____________________
19. Is Court action pending? Yes____ No____ Type________ Next court date: ________
20. Reason for referral to FPP? Describe the current crisis that put the family at risk.__________
21. Discuss other issues; note family strengths and resources.__________
22. What is the intended placement if FPP is unavailable? __________
23. Has family been known to DSS previously? Yes____ No____

    If yes, provide a summary of services and results. Include placement date.__________
24. Are other agencies involved with this family? Yes____ No____ If yes, please list.

Name of Agency	When	Length of Service

25. What changes need to occur for the child to remain in the home and safe?
26. DSS Family Services Worker's assessment of potential for physical violence:

    Within Family__________ Toward Others __________

    1) Extreme 2) High 3) Moderate 4) Low 5) None

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DSS-1286
5/94

COMMONWEALTH OF KENTUCKY
CABINET FOR HUMAN RESOURCES
DEPARTMENT FOR SOCIAL SERVICES

R&S Approved ____________
R&S Rejected ____________
Referral Date ____________
FPP Received ____________
Accepted ____________
Rejected ____________
Reason Rejected ____________

____ FAP Eligible
____ Non FAP Eligible
____ FAP Termination Date

FAMILY PRESERVATION PROGRAM REFERRAL

1. Referral Source: CPS ___ JS ___ RIAC ___ Other ___ 2. DSS Case #: ____________
3. Referring Worker: ____________ 4. Phone: ____________
5. Supervisor: ____________
6. DSS Supervisor's Evaluation of Placement Risk: Critical ___ High ___ Moderate ___ Low ___
7. DSS Supervisor's Signature: ____________ Date: ____________
8. Family Name: ____________
9. Home Phone: ____________ Other: ____________
10. Address, Directions: ____________

11. Date of Last Worker Contact with Family: ____________
12. Family Advised of FPP Referral: Yes ___ No ___
13. Name of Parent Willing to Work with FPP: ____________

14. Adults in Home	Relationship	Age

15. Is the child identified for potential placement (PP) currently living in the home? Yes ___ No ___

A. If no, where is the child? ____________

B. Is the plan for the child to return home within seven days? Yes ___ No ___

16. Children in Home	PP	Sex	Age	DOB	Relationship	SS # PR only
/				/ /		
/				/ /		
/				/ /		
/				/ /		
/				/ /		

*Child out of home

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APPENDIX E

WORKER SAFETY CHECKLIST

10/1/96

National Evaluation of Family Services
Worker Checklist
Kentucky

Please fill in the following information on each case for which you are filing a petition. Attach the completed form to the petition.

Date ____________________ Family Name ____________________

Child(ren)'s Names

____________________ ____________________

____________________ ____________________

Case Number ____________________ Caseworker Name ____________________

	For Westat Use Only
1. Is/Are child(ren):	
1a. presently in out of home care and expected to go home shortly? **Yes**..........1 (go to 1d) **No**.......2 (go to 1b)	**1a.**
1b. presently in out of home care and likely to stay in care? **Yes**..........1 (go to 1d) **No** ......2 (go to 1c)	**1b.**
1c. being considered by you or judge for placement in out of home care? **Yes**..........1 (go to 1d)..... **No**.........2 (go to 2)	**1c.**
1d. how many children are being considered? ________	**1d.**
2. Has primary caretaker been located? **Yes**...... 1 **No**....... 2	**2.**
3. Does the primary caretaker refuse to care for the child(ren)? **Yes**...... 1 **No**....... 2	**3.**
4. Is the primary caretaker chemically dependent without a current plan for treatment? **Yes**...... 1 **No**....... 2	**4.**
5. Is there potential for recurring risk of sexual abuse? **Yes**...... 1 **No**....... 2	**5.**
6. Has the primary caretaker clearly stated on more than one occasion that he or she will not work with the child welfare agency or a contract agency? **Yes**...... 1 **No**....... 2	**6.**
7. Is the primary caretaker a perpetrator of harm to a child in the family? **Yes**...... 1 (go to 8) **No**....... 2 (go to 7a)	**7.**
7a. Will the primary caretaker protect the child from harm by the perpetrator? **Yes**...... 1 **No**....... 2	**7a.**
8. Have you referred this case for FPP? **Yes**...... 1 **Date** ____________ **No**.............2	**8.**

(OVER FOR INSTRUCTIONS)

Definitions
Kentucky

Family Name: Agency case name.

Child(ren)'s Names: Include all children in the family for whom petition(s) are being filed.

Case Number: DSS case ID number.

Caseworker Name: Name of caseworker filing the petition.

Out of Home Care: Cases in the care and custody of DSS.

a. short term placement refers to cases which have been placed on an ECO or return home is expected within two weeks.

b. likely to stay in care refers to cases in which return home is not expected to occur in the next two weeks.

Primary Caretaker: The person who the agency recognizes as having the major responsibility for the care and well being of the child. He/she may be the child's biological or adoptive parent or parental substitute (usually a step-parent or relative). If the child is in placement, the primary caretaker is that individual to whom the child would return from placement. If both parents (biological or adoptive) have this responsibility, consider the mother as the primary caretaker.

Potential for recurring risk of sexual abuse: Yes should be checked if the perpetrator is still in the household.

APPENDIX F

NEW JERSEY FAMILY PRESERVATION REFERRAL FORM

FAMILY PRESERVATION SERVICES
Referral Form

PLEASE PRINT ALL INFORMATION CLEARLY

DYFS KC # ________________ FPS ID # ____________________

IS FPS BEING USED FOR REUNIFICATION? ________ Yes ________ No

ENGLISH SPEAKING FAMILY _____ SPANISH SPEAKING FAMILY _____

A. Family Name (s) : ______________________________

Address ______________________________

City ____________________ Apartment or Floor ______________

Home Phone # ______________ Work Phone # ______________

Referring Agency/DO ______________________________

Referring Worker: ____________________ Phone # ______________

Supervisor's Signature of Approval ______________ Phone # ______________

B. Children at risk of placement:

1. Name ______________ DOB ________ Sex ______ SS# ______________
   School: ______________ CST Eval? __ No ___ Yes-Classification: __________
2. Name ______________ DOB ________ Sex ______ SS# ______________
   School: ______________ CST Eval? __ No ___ Yes-Classification: __________
3. Name ______________ DOB ________ Sex ______ SS# ______________
   School: ______________ CST Eval? __ No ___ Yes-Classification: __________
4. Name ______________ DOB ________ Sex ______ SS# ______________
   School: ______________ CST Eval? __ No ___ Yes-Classification: __________

C. List other household members & significant family residing elsewhere: (fill completely - attach additional sheet of paper, if necessary. LIST PRIMARY CARETAKER FIRST!)

Total number of persons residing at this same residence: ________

Name	Gender	Age	Relationship to child(ren)

List all other significant family residing elsewhere:

Name	Address	Gender	Age	Relationship to child(ren)

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D. List all services with which family members have been involved (past or present):

Family Member	Service	Agency	Contact Person	Phone #

PREVIOUS PLACEMENTS

Family Member	Service	Agency	Contact Person	Phone #

E. Date and reason for INITIAL (not current) involvement with your agency: ______

Describe the CURRENT crisis threatening placement: ______

F. Referral Source's most recent face-to-face contact with family: (DATE) ______

With Whom? ______ Who is requesting placement? ______

Who will place the children? ______ Where? ______

G. Family Strengths/Areas to Build Upon: (Important, please complete) ______

H. Is there any history of physical violence in this family whatsoever? ______

Most recent occurrence: ______

Referral agency's assessment for physical violence within family or toward others:

I. Do the parents and child understand that the program is voluntary, and the child(ren) is/are at imminent risk of placement? ____ yes ____ no

Have the parents and child made a commitment to be available, understanding that the intensity of the program may be 5-20 hours per week? ____ yes ____ no

Is the child definitely home or expected to be home within the next seven days?
____ yes ____ no

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J. History of Mental Illness?__________ By whom?____________________
Any known infectious diseases within the past one year? Please specify person and disease:____________________
____
Any other health concerns?____________________
____
Any pets? ________ Indicate: ____________________
Other pertinent medical information: ____________________
____

K. FAMILY INCOME (This information is used for statistical purposes only)

______AFDC or other ______Less than $10K ______$10K-$19K
______$20K - $29K ______$30K - $39K ______$40K & Over
______ Unknown

L. REFERRING WORKER'S EXPECTATIONS FOR FPS INTERVENTION (to prevent placement) PRIORITIZE: CHOOSE BY NUMBERING 1 TO 4 ONLY

______Anger Management
______Alcohol/Substance Abuse
______Communication
______Compliance of child
______Concrete Services
______Depression/Suicide
______Drug Issues
______Employment
______Engaging
______Health/Medical
______Home Management
______Parenting
______Run Away
______School
______Self-Esteem
______Sexual Abuse
______Stealing
______Stress Reduction
______Other: ____________________
______Other: ____________________

PLEASE BE ADVISED THAT ALL REFERRING WORKERS AND SUPERVISORS WILL BE CONTACTED FOR A CASE CONFERENCE IN APPROXIMATELY ONE WEEK. THIS IS IN ACCORDANCE WITH DYFS/FPS PRACTICE AND POLICY.

CALLED TO FPS: DATE____________________ TIME__________
REFERRED BACK TO REFERRAL SOURCE:__________ TIME __________
NOTES:

By: ____________________
(Screener's Signature)

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APPENDIX G

TABLES FOR COMPUTING OPEN CASES IN KENTUCKY

Table G-1

Categories and Counts for Cases Included in the Administrative Analysis on Case Openings in Kentucky

	Number
Cases open at the time of referral	183
Number of these that had a maltreatment report between the most recent case opening and the referral date	62
Cases with prior openings and closings but not open at the time of the referral	44
Number of these that had a maltreatment report between the last case closing and the referral date	15
Number of these that were opened after the referral to FPS	7
Cases with no record of an opening before the referral to family preservation services	80
Number of these that had a maltreatment report prior to the referral date	74
Number of these that were opened after the referral to FPS	25
Total number of cases in the opening and closing analyses	307
Number of cases not open at the time of the referral but opened after the referral	59

Table G-2

Kentucky Cases with Prior Openings and Closings but Not Open at the Time of Referral

Time between the most recent prior case closing and referral	N	Number of cases from the second column with a maltreatment report between closing and referral dates	Time between the prior maltreatment report and referral date for cases in third column	Number of cases from the second column that were opened after the FPS referral	Time between referral date and subsequent case opening for cases in the fifth column
Less than 1 month	1	—	N/A	—	N/A
1-6 months	12	3	Less than 1 month	3	2 within 1 month; 1 over a year later
6 months to a year	16	2	Less than 2 months	1	6 days
Over a year	15	10	3 less than a month 4 within 8-12 months; 3 over a year prior	3	Less than 1 1/2 months
TOTALS	44	15		7	

N/A = Not applicable.

Table G-3

Kentucky Cases with No Openings Records Prior to the Referral

Time between the most recent *prior* maltreatment report and the FPS referral	N	Number of those cases in the second column that were opened after the FPS referral	Time between the referral to FPS and first *subsequent* opening date for those cases in the third column	N
Less than 1 month	36	33	Less than 1 month	26
			1-12 months	7
1-12 months	21	16	Less than 1 month	12
			1-12 months	4
Over a year	17	3	Less than 1 month	2
			1-12 months	1
TOTALS	74	52	TOTAL	52

APPENDIX H

SECONDARY ANALYSIS FOR VOLUME 2, CHAPTER 2

Table H-1
Caretaker Reports of Caseworker Activities, Post-treatment Interview, Secondary Analysis

	Kentucky			New Jersey			Tennessee		
	C %	E %	Secondary p	C %	E %	Secondary p	C %	E %	Secondary p
Caseworker helped with money for rent-elect-phone	2	21	.001	2	5		6	11	
Caseworker helped with money for other things	8	43	.001	7	16	.02	12	21	
Caseworker provided transportation	15	50	.001	10	28	.001	18	37	.05
Caseworker discussed proper feeding of child	14	23	.06	2	13	.001	18	30	
Caseworker talked with you about discipline	33	64	.001	35	65	.001	41	76	.001
Caseworker talked with you on relations with spouse	16	25		4	16	.001	9	36	.004
Caseworker helped you clean house	2	6		1	6	.03 (FE)	12	10	
Caseworker helped with painting/house repairs	1	2		0	2		6	2	
Caseworker discussed how to get childcare	14	21		12	10		15	27	
Caseworker helped with welfare/food Stamps	8	15	.08	4	7		9	9	
Caseworker advised how to get medical care	11	16		12	14		21	21	
Caseworker talked with you how to handle anger	28	52	.001	25	59	.001	39	75	.001
Caseworker advised you on substance abuse	2	8	.03	11	13		12	20	
Caseworker discussed with you how to get a better place	11	18		11	7		12	21	
Caseworker advised on job training programs	8	22	.001	5	10	.12	9	17	
Caseworker talked about how to get a paying job	5	20	.001	4	9	.08	12	20	
Caseworker advised on how to continue school	10	22	.01	3	9	.04	15	24	
Caseworker arranged for some childcare	2	2		5	7		6	14	
Caseworker told you about other agencies	36	49	.05	41	60	.002	21	34	

Note: C = Control Group, E = Experimental Group

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Table H-2
Participation in Social Programs, Post-Treatment Interview, Secondary Analysis

Program	Kentucky			New Jersey			Tennessee		
	Control %	Experimental %	Secondary p	Control %	Experimental %	Secondary p	Control %	Experimental %	Secondary p
Food Stamps	60	64		50	47		65	65	
Job Training	4	7		1	3		3	4	
WIC	31	46	.01	19	20		53	41	
AFDC	49	49		37	39		47	51	
Housing Vouchers	15	19		15	18		12	11	
Social Security Disability	39	32		32	28		24	33	
Alcoholism Program	4	6		4	6		3	6	
Drug Treatment Program	4	2		6	9		9	9	
Marriage Counseling	0	8	.006	2	2		0	2	
Community Mental Health program	10	14		21	28		15	19	
Head Start/Pre-school	27	21		31	33		26	38	

Table H-3
Caretaker Report Of Services, Post-Treatment Interview, Secondary Analysis

	Kentucky			New Jersey			Tennessee		
	Control %	Experimental %	Secondary *p*	Control %	Experimental %	Secondary *p*	Control %	Experimental %	Secondary *p*
Daycare	5	20	.001	9	7		28	26	
Help in Finding a Place to Live	2	5		5	3		19	6	.06 (FE)
Staying at an Emergency Shelter	2	2		2	1		6	0	.10 (FE)
Medical or Dental Care	9	17	.06	37	44		34	18	.06
Transportation	7	19	.004	12	11		16	20	
Education Services/GED	2	6		3	2		9	9	
Parent education/ Training classes	12	22	.05	6	10		19	6	.07 (FE)
Legal Services	6	12	.09	11	7		9	1	.09 (FE)
Counseling	33	55	.001	46	59	.03	9	16	
Respite Care	1	1		0	0		0	0	
Homemaker Services	2	4		3	3		16	3	.03 (FE)
A Parent Aide to Help You	2	5		5	4		13	3	.08 (FE)

NOTE: "FE" indicates significance determined by Fisher's exact test

Table H-4
Caretakers' Reports on Relationship with Caseworker, Post-Treatment Interview, Secondary Analysis

	Kentucky			New Jersey			Tennessee		
	Control %	Experimental %	Secondary *p*	Control %	Experimental %	Secondary *p*	Control %	Experimental %	Secondary *p*
Worker listened to your concerns most of the time	71	95	.001	54	82	.001	61	86	.02
Worker understood your situation very well	75	91	.001	61	84	.001	64	83	.03
You and worker agreed on goals most of the time	66	81	.02	36	77	.001	32	62	.03
Did worker sometimes talk with you about issues that were not easy to talk about?	25	36	.06	66	81	.01	18	52	.001
Caseworker helped you to see your good qualities	66	83	.004	26	47	.001	52	86	.001
Caseworker helped you to see your problems	66	81	.01	48	76	.001	49	83	.001
Did you see your caseworker			.04			.001			n.s.
More often than you wanted	8	19		12	12		21	28	
As often as you wanted	71	65		38	63		42	48	
Not often enough	21	16		50	24		36	24	

Table H-5

Caseworkers' Report of Services Provided to Family, Post-Treatment Interview, Secondary Analysis

	Kentucky			New Jersey			Tennessee		
	Control %	Experimental %	Secondary *p*	Control %	Experimental %	Secondary *p*	Control %	Experimental %	Secondary *p*
Childcare or baby sitting	9	11		7	9		2	9	
AFDC or other public income (except SSI)	4	6		4	5		2	6	
SSI for adult or child	2	0		1	0		0	0	
Food stamps	2	9	.01	3	4		2	8	
Drug treatment	4	4		10	6		0	12	.03 (FE)
Alcoholism treatment	4	3		8	6		0	8	.09 (FE)
Legal aid	3	2		1	6	.05	0	5	
Help with education	12	28	.001	13	28	.001	2	18	.01
Respite care	5	8		7	6		4	5	
Parent training	25	82	.001	19	77	.001	31	74	.001
Health care	10	28	.001	14	19		9	21	.09
Inpatient mental health	5	1		2	4		2	0	
Outpatient mental health/counseling	38	39		24	40	.002	13	21	
Health assessment	11	28	.001	15	21	.15	13	13	
Housing financial assistance	4	17	.001	4	5		0	4	
Other housing services	1	13	.001	2	4		0	5	
W.I.C.	2	4		1	3		2	4	
Emergency financial assistance other than housing	4	46	.001	12	25	.004	7	24	.01
Job training	1	2		1	3		0	6	
Emergency shelter	4	2		7	2	.02 (FE)	2	1	
Recreational services	5	32	.001	9	25	.001	4	24	.005
Family planning	9	18	.04	9	22	.001	9	12	
Self help groups	9	3	.03	3	10	.01	2	9	
Household management	10	39	.001	10	32	.001	13	33	.02
Homemaker services	4	15	.002	5	2		7	4	
Other .	9	18	.04	13	17		16	15	
N	153	114		138	230		45	78	

Table H-6
Contact Forms, Secondary Analysis

	Kentucky			New Jersey			Tennessee		
	C	E	*p*	C	E	*p*	C	E	*p*
Number of cases with at least one form submitted	105 (63%)	107 (88%)		100 (70%)	217 (94%)		25 (56%)	65 (74%)	
Average number of forms per case	2.7	15.6	.001	2.2	13.5	.001	2.5	10.1	.001
Average number of home visits	1.7	11.6	.001	1.7	11.9	.001	2.0	8.7	.001
Average number of visits with caretakers	2.1	14.4	.001	1.9	11.3	.001	2.2	8.9	.001
Average number of visits with the other parent	0.4	2.5	.001	0.3	2.1	.001	0.2	1.8	.002
Average number of visits with children	1.8	11.6	.001	1.8	10.3	.001	1.9	7.6	.001
Concrete Services									
Transportation	0.3	4.0	.001	0.3	2.8	.001	.02	2.1	.001
Buying food	.04	1.2	.001	.02	0.9	.001	.00	0.6	.001
Child Care	0.3	0.4		.02	1.1	.001	.04	0.2	.034
Clothing, furnishings, and supplies	0.1	1.1	.001	.09	0.7	.001	.00	0.4	.001
Topics of Discussion									
Discipline of children	1.3	8.0	.001	1.2	6.5	.001	1.4	5.2	.001
Goals	1.6	6.7	.001	1.3	7.2	.001	1.8	4.4	.001
Caretaker's interaction with children	1.4	6.7	.001	1.2	6.2	.001	1.7	5.0	.001
Child's anger management	0.9	4.5	.001	1.0	5.3	.001	0.8	1.6	.041
Supervision of children	1.0	4.4	.001	.09	3.0	.001	1.6	3.1	.002

NOTE: C = Control Group, E = Experimental Group
The contact forms contained additional concrete services and topics of discussion (see Appendix H). Only those that were most often reported are shown here. Entries are average numbers of times per family that an item was reported, for those families with at least one form submitted.

Table H-7
Experimental Group Contacts, Secondary Analysis

	Kentucky		New Jersey		Tennessee	
	N	%	N	%	N	%
Number of families with contact data	107		217		65	
Total number of contact forms submitted	1665		2932		656	
Contacts in week 1	270	16	708	24	156	24
Contacts in week 2	341	21	643	22	139	21
Contacts in week 3	318	19	581	20	131	20
Contacts in week 4	316	19	497	17	111	17
In-home contact within 72 hours	53	49	166	76	38	58
In-home contact with 7 days	93	87	200	92	45	69
Concrete service within 7 days	31	29	92	42	21	32
Hours of contact						
Average hours of contact overall	104	29.9	217	29.6	48	28.2
Average hours contact in week 1	92	5.2	206	6.8	41	8.8

Table H-8
Summary of Services, Post-Treatment Interview, Secondary Analysis

Caseworker Activities:

Proportion of affirmative answers by caretakers to yes/no questions	Kentucky			New Jersey			Tennessee		
	C %	E %	Secondary *p*	C %	E %	Secondary *p*	C %	E %	Secondary *p*
Is Caseworker still working with family	**80**	**65**	**.01**	**78**	**26**	**.001**	**58**	**33**	**.02**
Caseworker helped with money for rent, electricity, phone	**2**	**21**	**.001**	2	5		6	11	
Caseworker helped with money for other things	**8**	**43**	**.001**	**7**	**16**	**.02**	12	21	
Caseworker provided transportation	**15**	**50**	**.001**	**10**	**28**	**.001**	**18**	**37**	**.05**
Caseworker discussed proper feeding of child	14	23	.06	**2**	**13**	**.001**	18	30	
Caseworker talked with you about discipline	**33**	**64**	**.001**	**35**	**65**	**.001**	**41**	**76**	**.001**
Caseworker talked with you on relationship with spouse	16	25		**4**	**16**	**.001**	**09**	**36**	**.004**
Caseworker talked with you about how to handle anger	**28**	**52**	**.001**	**25**	**59**	**.001**	**39**	**75**	**.001**
Caseworker told you about other agencies	**36**	**49**	**.05**	**41**	**60**	**.002**	21	34	
Caseworker advised on job training programs	**8**	**22**	**.001**	5	10	.12	9	17	
Caseworker talked about how to get paying job	**5**	**20**	**.001**	4	9	.08	12	20	
Caseworker advised on how to continue school	**10**	**22**	**.01**	**3**	**9**	**.04**	15	24	
Caseworker talked about uneasy issues	25	36	.06	**66**	**81**	**.01**	**18**	**52**	**.001**
Caseworker helped you see good qualities	**66**	**83**	**.004**	**26**	**47**	**.001**	**52**	**86**	**.001**
Caseworker helped you see your problem	**66**	**81**	**.01**	**48**	**76**	**.001**	**49**	**83**	**.001**
Caseworker understood your situation very well	**75**	**91**	**.001**	**61**	**84**	**.001**	**64**	**83**	**.03**

NOTE: C = Control Group, E = Experimental Group

This table only includes items with either a primary or secondary p-value less than .05 in at least one of the states; p-values greater than .20 are not reported.

Items in bold indicate significant findings in favor of the experimental group whereas italicized items indicate significant findings in favor of the control group.

Table H-8

Summary of Services, Post-Treatment Interview, Secondary Analysis, Continued

	Kentucky			New Jersey			Tennessee		
	C Mean	E Mean	Secondary p	C Mean	E Mean	Secondary p	C Mean	E Mean	Secondary p
CT report of # of Caseworker activities	**2.10**	**4.63**	**.0001**	**1.90**	**3.57**	**.0001**	**2.89**	**5.01**	**.006**
CT report of # of "helpful" Caseworker activities	**1.01**	**2.00**	**.0001**	**0.97**	**2.17**	**.0001**	**0.79**	**1.48**	**.006**

C = Control Group, E = Experimental Group

Services Provided:

Proportion of affirmative answers by caretakers to yes/no questions

	Kentucky			New Jersey			Tennessee		
	C %	E %	Secondary p	C %	E %	Secondary p	C %	E %	Secondary p
Anyone been in WIC	**31**	**46**	.01	19	20		53	41	
Been in a marriage counseling program	**0**	**8**	.006	2	2		0	2	
Anyone receive daycare	**5**	**20**	.001	9	7		28	26	
Anyone receive transportation	**7**	**19**	.004	12	11		16	20	
Anyone receiving parent education/training	**12**	**22**	.05	6	10		19	6	.07 (FE)
Anyone receive counseling	**33**	**55**	.001	**46**	**59**	.03	9	16	
Anyone receive homemaker services	2	4		3	3		*16*	*3*	*.03 (FE)*
Were any needed services not gotten	26	17	.10	**58**	**41**	**.004**	**42**	**20**	**.02**

	Kentucky			New Jersey			Tennessee		
	C Mean	E Mean	Secondary p	C Mean	E Mean	Secondary p	C Mean	E Mean	Secondary p
Caseworker report of # of services provided	**1.97**	**4.55**	**.0001**	**2.04**	**3.80**	**.0001**	**1.44**	**3.41**	**.0001**

NOTE: C = Control Group, E = Experimental Group

Tables only includes items with either a primary or secondary p-value less than .05 in at least one of the states; p-values greater than .20 are not reported

Items in bold indicate significant findings in favor of the experimental group whereas italicized items indicate significant findings in favor of the control group.

Table H-9
Caretaker Reports of Caseworker Activities, Follow-Up Interview, Secondary Analysis

	Kentucky			New Jersey			Tennessee		
	C %	E %	Secondary p	C %	E %	Secondary p	C %	E %	Secondary p
Caseworker helped with money for rent-elect-phone	2	21	.001	2	5		8	12	
Caseworker helped with money for other things	8	43	.001	7	16	.02	14	39	.009
Caseworker provided transportation	15	50	.001	10	28	.001	17	45	.004
Caseworker discussed proper feeding of child	14	23	.06	2	13	.001	11	24	
Caseworker talked with you about discipline	33	64	.001	35	65	.001	42	66	.02
Caseworker talked with you on relations with spouse	16	25		4	16	.001	19	43	.02
Caseworker helped you clean house	2	6		1	6	.03 (FE)	8	9	
Caseworker helped with painting/house repairs	1	2		0	2		3	3	
Caseworker discussed how to get childcare	14	21		12	10		6	18	
Caseworker helped with welfare/food Stamps	8	15	.08	4	7		3	4	
Caseworker advised how to get medical care	11	16		12	14		11	13	
Caseworker talked with you how to handle anger	28	52	.001	25	59	.001	36	62	.01
Caseworker advised you on substance abuse	2	8	.03	11	13		0	18	.007
Caseworker discussed with you how to get a better place	11	18		11	7		11	19	
Caseworker advised on job training programs	8	22	.001	5	10		8	15	
Caseworker talked about how to get a paying job	5	20	.001	4	9	.08	8	18	
Caseworker advised on how to continue school	10	22	.01	3	9	.04	17	22	
Caseworker arranged for some childcare	2	2		5	7		0	6	
Caseworker told you about other agencies	36	49	.05	41	60	.002	8	31	.009

NOTE: "FE" indicates significance determined by Fisher's exact test
C = Control Group, E = Experimental Group

Table H-10
Participation in Social Programs, Follow-Up Interview, Secondary Analysis

	Kentucky			New Jersey			Tennessee		
Program	Control %	Experimental %	Secondary *P*	Control %	Experimental %	Secondary *P*	Control %	Experimental %	Secondary *p*
Food Stamps	50	61		45	45		56	53	
Job Training	7	15	.05	8	4		11	12	
WIC	24	31		19	18		28	32	
AFDC	35	38		33	38		31	34	
Housing Vouchers	13	13		15	18		19	18	
Social Security Disability	32	34		25	27		19	35	.09
Alcoholism Program	4	6		10	8		6	7	
Drug Treatment Program	4	3		11	11		3	9	
Marriage Counseling	5	5		6	6		3	2	
Community Mental Health program	6	1		27	33		19	24	
Head Start/Pre-school	26	40		42	43		50	61	

Table H-11
Caretaker Report of Services, Follow-Up Interview, Secondary Analysis

	Kentucky			New Jersey			Tennessee		
	Control %	Experimental %	Secondary *p*	Control %	Experimental %	Secondary *P*	Control %	Experimental %	Secondary *p*
Daycare	13	13		16	15		31	33	
Help in Finding a Place to Live	2	3		1	1		14	6	
Staying at an Emergency Shelter	2	1		2	4		11	3	
Medical or Dental Care	6	7		63	63		17	21	
Transportation	12	17		13	15		9	19	
Education Services/GED	4	3		2	5		9	9	
Parent education/ Training classes	14	14		9	8		17	16	
Legal Services	5	5		16	18		3	2	
Counseling	48	54		50	59		19	24	
Respite Care	1	3		2	4		0	0	
Homemaker Services	1	3		4	6		6	6	
A Parent Aide to Help You	1	3		2	3		14	3	.05 (FE)

NOTE: "FE" indicates significance determined by Fisher's exact test

Table H-12
Summary of Services, Follow-Up Interview, Secondary Analysis

Caseworker Activities:

Proportion of affirmative answers to yes/no questions	Kentucky			New Jersey			Tennessee		
	C %	E %	Secondary *p*	C %	E %	Secondary *p*	C %	E %	Secondary *p*
Caseworker helped with money for rent, electricity, phone	**2**	**21**	**.001**	2	5		8	12	
Caseworker helped with money for other things	**8**	**43**	**.001**	**7**	**16**	**.02**	**14**	**39**	**.009**
Caseworker provided transportation	**15**	**50**	**.001**	**10**	**28**	**.001**	**17**	**45**	**.004**
Caseworker talked with you about discipline	**33**	**64**	**.001**	**35**	**65**	**.001**	**42**	**66**	**.02**
Caseworker talked with you on relationship with spouse	16	25		**4**	**16**	**.001**	**19**	**43**	**.02**
Caseworker helped you clean house	2	6		**1**	**6**	**.03 (FE)**	8	9	
Caseworker talked with you about how to handle anger	**28**	**52**	**.001**	**25**	**59**	**.001**	**36**	**62**	**.01**
Caseworker advised you on substance abuse	**2**	**8**	**.03**	11	13		**0**	**18**	**.007**
Caseworker told you about other agencies	**36**	**49**	**.05**	**41**	**60**	**.002**	**8**	**31**	**.009**

	Kentucky			New Jersey			Tennessee		
	C Mean	E Mean	Secondary *p*	C Mean	E Mean	Secondary *p*	C Mean	E Mean	Secondary *p*
CT report of # of Caseworker activities	**0.94**	**1.69**	**.01**	**0.86**	**1.43**	**.006**	**1.52**	**3.53**	**.003**

Services Provided:

Proportion of affirmative answers to yes/no questions	Kentucky			New Jersey			Tennessee		
	C %	E %	Secondary *p*	C %	E %	Secondary *p*	C %	E %	Secondary *p*
Anyone been in job training program	**7**	**15**	**.05**	8	4		11	12	
Anyone receive a parent aide to help you	1	3		2	3		*14*	*3*	*.05 (FE)*
Were any needed services not gotten	**20**	**06**	**.003**	51	39	.08	44	31	

NOTE: C = Control Group, E = Experimental Group.
"FE" indicates significance determined by Fisher's exact test
Tables only include items with either a primary or secondary p-value less than .05 in at least one of the states; p-values greater than .20 are not reported
Items in bold indicate significant findings in favor of the experimental group whereas italicized items indicate significant findings in favor of the control group.

APPENDIX I

SECONDARY ANALYSIS – VOLUME 2, CHAPTER 3

Table I-1
Type of First Placement After Random Assignment, Child Level, Secondary Analysis

Kentucky

Type	N	Percentage
Foster care	73	65.2
Private institution	33	29.5
Foster care, medically fragile	4	3.6
Child psychiatric hospital	1	0.9
Not specified	1	0.9
Total	112	100

New Jersey

Type	N	Percentage
Foster care	51	40.5
Juvenile family crisis	31	24.6
Residential treatment	19	15.1
Group home	13	10.3
Shelter care	4	3.2
Public institution	3	2.4
Relative	3	2.4
Independent living	1	0.8
Maternity home	1	0.8
Total	126	100

Tennessee

Type	N	Percentage
Foster care	24	40.2
Relative home	8	13.3
Trial home	6	10.0
Residential	6	10.0
Continuum contract	4	6.7
Non-relative home	4	6.7
Adoptive home	3	5.0
Runaway	1	1.7
Shelter	1	1.7
Independent living	2	3.3
Detention	1	1.7
Total	60	100

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Table I-2
Kentucky Family and Child Functioning Scales, Secondary Analysis

		Post-Treatment			Follow-Up			Multivariate Repeated Measures										
									Means			Multivariate *ps*			Univariate *ps*–Time		Univariate *ps*–Grp-time interaction	
		N	M[a]	*p*[b]	N	M	*p*	N	Initial	Post	Follow	Grp[c]	Time[d]	Time - Grp[e]	Initial v. later[f]	Post v. Follow[g]	Initial v. later	Post v. Follow
Positive life events	C	138	.12		113	.22		103	.16	.12	.21							
	E	110	.13		97	.20		92	.17	.14	.20	.69	.001	.41	.89	.001		
Negative life events	C	138	.04		113	.07		103	.08	.04	.07							
	E	110	.03		97	.08		92	.09	.03	.07	.87	.001	.69	.001	.001		
Life events depression	C	137	.34		113	.38		102	.45	.35	.39							
	E	110	.36		91	.41		92	.50	.38	.42	.39	.001	.81	.001	.10		
Paying bills	C	134	.16		112	.17		100	.20	.15	.19							
	E	107	.20		94	.19		86	.31	.21	.20	.13	.002	.22	.001			
Income support	C	138	1.94		113	1.54		103	2.10	2.02	1.52							
	E	110	2.10		97	1.76		82	2.15	2.00	1.74	.63	.001	.36	.001	.001		
Treatment programs	C	138	.18		113	.17		103	.20	.17	.17							
	E	110	.26		91	.20		82	.33	.24	.21	.17	.17	.63				
Punishment	C	135	.16		108	.15		96	.22	.18	.16							
	E	109	.15		90	.15		85	.25	.17	.16	.61	.001	.19	.001			
Child aggression	C	138	1.36		113	1.25		103	1.54	1.44	1.29							
	E	110	1.35		97	1.39		92	1.59	1.42	1.38	.69	.01	.77	.004			

Table I-2, continued
Kentucky Family and Child Functioning Scales, Secondary Analysis

		Post-treatment			Follow-up			Multivariate Repeated Measures										
									Means			Multivariate *ps*			Univariate *ps*–Time		Univariate *ps*–Grp-time interaction	
		N	M[a]	*p*[b]	N	M	*p*	N	Initial	Post	Follow	Grp[c]	Time[d]	Time - Grp[e]	Initial v. later[f]	Post v. Follow[g]	Initial v. Later	Post v. Follow
School problems	C	105	.23		92	.25		74	.30	.25	.27	.06	.18	.66				
	E	76	.20		74	.19		61	.23	.20	.17							
Child withdrawn	C	138	.88		113	1.00		103	1.08	.88	1.00	.81	.002	.51	.001			
	E	110	.92		97	.97		92	1.09	.96	.96							
Stolen things or arrested	C	138	.33		113	.42		103	.31	.33	.41	.98	.62	.06			.03	
	E	110	.30		97	.31		92	.42	.33	.30							
Child substance abuse	C	138	.07		113	.04		103	.05	.08	.04	.49	.54	.54				
	E	110	.05		97	.03		92	.03	.03	.03							
Child problems	C	138	2.18		113	1.88		103	2.46	2.19	1.97	.95	.001	.49	.001			
	E	110	1.96		97	2.06		92	2.50	2.04	2.04							
Negative child behaviors	C	132	.34		102	.33		93	.37	.34	.34	.97	.001	.70	.001			
	E	103	.33		91	.34		84	.39	.34	.33							
Positive child behaviors	C	134	.71		104	.66		94	.70	.69	.66	.51	.15	.76				
	E	105	.72		92	.69		86	.70	.70	.69							
Household condition	C	134	.02		113	.02		97	.05	.02	.02	.31	.003	.53	.001			
	E	109	.02		96	.01		87	.03	.01	.02							

Table I-2, continued
Kentucky Family and Child Functioning Scales, Secondary Analysis

		Post-Treatment			Follow Up			Multivariate Repeated Measures										
									Means			Multivariate *ps*			Univariate *ps*–Time		Univariate *ps*–Grp-time interaction	
		N	M[a]	*p*[b]	N	M	*p*	N	Initial	Post	Follow	Grp[c]	Time[d]	Time - Grp[e]	Initial v. later[f]	Post v. Follow[g]	Initial v. Later	Post v. Follow
Depression (SCL-90)	C	137	.81		113	.69		102	.97	.79	.72	.80	.001	.54				
	E	109	.73		97	.80		91	.98	.76	.81				.001			
Positive child care practices	C	132	.84		102	.82		89	.87	.86	.82	.71	.09	.97				
	E	106	.84		86	.83		79	.88	.86	.84				.04			
Negative child care practices	C	133	.14		104	.12		92	.17	.16	.12	.59	.001	.12				
	E	107	.12		87	.13		81	.20	.14	.13				.001	.08		

[a] Means of control and experimental groups
[b] Test of hypothesis of equivalent group means
[c] Test of hypothesis that group means, averaged over time, are equal
[d] Test of hypothesis that means at three points in time, averaged over the groups, are equal
[e] Test of hypothesis of no interaction between group and time, that is, that the pattern of means over time is the same for both groups
[f] Test of hypothesis that time one is equal to average of time two and time three
[g] Test of hypothesis that time two is equal to time three

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Table I-3
New Jersey Family and Child Functioning Scales, Secondary Analysis

		Post-Treatment			Follow-Up			Multivariate Repeated Measures										
									Means			Multivariate *ps*			Univariate *ps*–Time		Univariate *ps*–Grp-time interaction	
		N	M[a]	*p*[b]	N	M	*p*	N	Initial	Post	Follow	Grp[c]	Time[d]	Time - Grp[e]	Initial v. later[f]	Post v. Follow[g]	Initial v. later	Post v. Follow
Positive life events	C	114	.15		90	.23		73	.20	.16	.25	.14	.001	.97		.001		
	E	181	.13		141	.22		112	.17	.14	.23							
Negative life events	C	114	.05		90	.10		73	.14	.04	.10	.33	.001	.52	.001	.001		
	E	181	.05		141	.10		112	.11	.04	.10							
Life events depression	C	114	.44		89	.49		73	.47	.39	.46	.93	.001	.21	.001			
	E	181	.39		142	.42		113	.52	.40	.41							
Paying bills	C	114	.34		90	.37		73	.39	.33	.35	.20	.04	.49	.10	.09		
	E	180	.27		142	.33		112	.31	.25	.33							
Income support	C	115	1.52		90	1.33		74	1.64	1.47	1.42	.80	.008	.60	.002			
	E	181	1.52		142	1.46		113	1.53	1.41	1.44							
Treatment programs	C	115	.33		90	.53		74	.43	.26	.51	.22	.001	.75		.001		
	E	181	.45		142	.59		113	.53	.41	.58							
Punishment	C	113	.25	.08	88	.21	.08	70	.31	.25	.23	.02	.001	.70	.001	.05		
	E	180	.21		142	.17		112	.27	.20	.16							
Child aggression	C	115	1.72	.03	90	1.44		74	1.91	1.81	1.42	.03	.001	.30	.001	.001		
	E	181	1.45		142	1.33		113	1.61	1.42	1.27							

Table I-3, continued
New Jersey Family and Child Functioning Scales, Secondary Analysis

		Post-treatment			Follow-Up			Multivariate Repeated Measures										
									Means			Multivariate *ps*			Univariate *ps*–Time		Univariate *ps*–Grp-time interaction	
		N	M^a	*p*^{b}	N	M	*p*	N	Initial	Post	Follow	Grp^c	Time^d	Time – Grp^e	Initial v. later^f	Post v. Follow^g	Initial v. later	Post v. Follow
School problems	C	102	.23		81	.37	.02	63	.38	.26	.38	.001	.001	.85	.02	.002		
	E	170	.19		132	.27		104	.27	.17	.25							
Child withdrawn	C	115	.39		90	.42		74	.65	.39	.39	.17	.001	.34	.001			
	E	181	.37		142	.35		113	.48	.37	.31							
Stolen things or arrested	C	115	.39	.06	90	.49		74	.64	.38	.49	.23	.001	1.0	.001	.05		
	E	181	.27		142	.46		113	.55	.29	.40							
Child substance abuse	C	115	.19		90	.21		74	.30	.15	.18	.74	.02	.53	.02			
	E	181	.15		142	.23		113	.22	.13	.20							
Child problems	C	115	2.75		90	3.01		74	3.15	2.81	3.09	.23	.001	.54	.002	.08		
	E	181	2.60		142	2.82		113	3.05	2.56	2.73							
Negative child behaviors	C	112	.33	.006	89	.36		72	.42	.35	.36	.001	.001	.88	.001			
	E	179	.28		138	.31		109	.35	.27	.30							
Positive child behaviors	C	114	.73		90	.75		74	.72	.74	.77	.86	.008	.57	.02	.008		
	E	179	.73		138	.77		111	.73	.73	.78							
Household condition	C	115	.06		90	.04		74	.06	.06	.03	.94	.08	.36	.06			
	E	181	.06		142	.06		112	.06	.05	.05							

Table I-3, continued
New Jersey Family and Child Functioning Scales, Secondary Analysis

		Post-treatment			Follow-Up			Multivariate Repeated Measures										
									Means			Multivariate *ps*			Univariate *ps*– Time		Univariate *ps*– Grp-time interaction	
		N	M[a]	*p*[b]	N	M	*p*	N	Initial	Post	Follow	Grp[c]	Time[d]	Time - Grp[e]	Initial v. later[f]	Post v. Follow[g]	Initial v. later	Post v. Follow
Depression (SCL-90)	C	115	1.05		88	.90		73	.99	.88	.87	.75	.007	.43	.002			
	E	180	.87		141	.84		110	1.10	.94	.80							
Positive child care practices	C	111	.74		87	.75	.05	68	.78	.76	.76	.18	.10	.85	.07			
	E	178	.77		138	.81		107	.83	.78	.80							
Negative child care practices	C	112	.18	.05	85	.15		67	.22	.17	.15	.07	.001	.59	.001			
	E	179	.14		137	.13		107	.19	.13	.12							

[a] Means of control and experimental groups
[b] Test of hypothesis of equivalent group means
[c] Test of hypothesis that group means, averaged over time, are equal
[d] Test of hypothesis that means at three points in time, averaged over the groups, are equal
[e] Test of hypothesis of no interaction between group and time, that is, that the pattern of means over time is the same for both groups
[f] Test of hypothesis that time one is equal to average of time two and time three
[g] Test of hypothesis that time two is equal to time three

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Table I-4
Tennessee Family and Child Functioning Scales, Secondary Analysis

		Post-Treatment			Follow-Up			Multivariate Repeated Measures										
									Means			Multivariate *ps*			Univariate *ps*–Time		Univariate *ps*–Grp-time interaction	
		N	M^a	p^b	N	M	*p*	N	Initial	Post	Follow	Grp^c	Time^d	Time - Grp^e	Initial v. later^f	Post v. Follow^g	Initial v. later	Post v. Follow
Positive life events	C	34	.15		36	.31		26	.20	.15	.30	.33	.001	.95		.001		
	E	71	.18		68	.32		54	.24	.18	.33							
Negative life events	C	34	.05		36	.14		26	.154	.05	.14	.26	.001	.66		.001		
	E	71	.05		68	.11		54	.09	.04	.12							
Life events depression	C	34	.36		36	.35		26	.50	.38	.31	.94	.001	.64	.001			
	E	71	.33		68	.34		54	.51	.35	.35							
Paying bills	C	34	.26		36	.33		26	.41	.26	.28	.16	.002	.94	.002			
	E	71	.18		67	.24		52	.30	.16	.21							
Income support	C	34	2.00		36	1.53		26	2.35	2.23	1.77	.61	.03	.69	.02	.03		
	E	71	1.99		68	1.72		54	2.17	1.98	1.78							
Treatment programs	C	34	.26		36	.31		26	.38	.35	.23	.62	.99	.20				
	E	71	.34		68	.42		54	.31	.35	.48							
Punishment	C	34	.12		36	.10		26	.21	.10	.11	.24	.001	.14	.001			
	E	70	.13		65	.07		49	.29	.15	.09							
Child aggression	C	34	.79		36	.86		26	.85	.77	.85	.97	.17	.10	.10			
	E	71	.85		68	.57		54	1.02	.91	.56							

Table I-4, continued
Tennessee Family and Child Functioning Scales, Secondary Analysis

		Post-Treatment			Follow-Up			Multivariate Repeated Measures										
									Means			Multivariate *ps*			Univariate *ps*–Time		Univariate *ps*–Grp-time interaction	
		N	M[a]	*p*[b]	N	M	*p*	N	Initial	Post	Follow	Grp[c]	Time[d]	Time - Grp[e]	Initial v. later[f]	Post v. Follow[g]	Initial v. later	Post v. Follow
School problems	C	29	.17		35	.20		21	.33	.24	.23	.08	.004	.91	.002			
	E	59	.15		58	.16		41	.22	.14	.15							
Child withdrawn	C	34	.29		36	.28		26	.69	.27	.31	.77	.001	.19	.001			
	E	71	.37		68	.22		54	.57	.39	.22							
Stolen things or arrested	C	34	.12		36	.47		26	.54	.15	.42	.42	.001	.39	.003	.02		
	E	71	.18		68	.31		54	.43	.19	.26							
Child substance abuse	C	34	.00		36	.03		26	.00	.00	.04	.26	.73	.43				
	E	71	.03		68	.04		54	.09	.04	.06							
Child problems	C	34	2.03		36	2.03		26	2.35	2.00	1.92	.45	.004	.73	.001			
	E	71	1.66		68	1.56		54	2.30	1.74	1.63							
Negative child behaviors	C	31	.20		35	.22		24	.32	.21	.22	.53	.001	.64	.001			
	E	65	.20		66	.18		49	.30	.21	.18							
Positive child behaviors	C	31	.81	.09	36	.90	.09	24	.83	.80	.89	.97	.08	.20	.17	.03		
	E	65	.84		65	.86		48	.81	.84	.86							
Household condition	C	33	.07		34	.10		23	.14	.08	.13	.15	.28	.39				
	E	69	.07		65	.07		51	.09	.08	.07							

Table I-4, continued
Tennessee Family and Child Functioning Scales

		Post-Treatment			Follow-Up			Multivariate Repeated Measures										
									Means			Multivariate *ps*			Univariate *ps*–Time		Univariate *ps*–Grp-time interaction	
		N	M[a]	*p*[b]	N	M	*p*	N	Initial	Post	Follow	Grp[c]	Time[d]	Time - Grp[e]	Initial v. later[f]	Post v. Follow[g]	Initial v. later	Post v. Follow
Depression (SCL-90)	C	34	.78		36	.83		26	1.04	.78	.70	.89	.002	.67	.001			
	E	71	.67		68	.72		54	1.05	.68	.73							
Positive child care practices	C	33	.81		34	.96		22	.90	.89	.94	.79	.12	.85	.55	.04		
	E	66	.88		61	.92		45	.89	.87	.94							
Negative child care practices	C	32	.08		33	.07		23	.11	.07	.07	.14	.001	.11	.001			
	E	67	.09		60	.07		47	.19	.09	.07							

[a] Means of control and experimental groups
[b] Test of hypothesis of equivalent group means
[c] Test of hypothesis that group means, averaged over time, are equal
[d] Test of hypothesis that means at three points in time, averaged over the groups, are equal
[e] Test of hypothesis of no interaction between group and time, that is, that the pattern of means over time is the same for both groups
[f] Test of hypothesis that the average initial score is equal to the average of post-treatment and final scores
[g] Test of hypothesis that average post-treatment score is equal to the average final score

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Table I-5
Caretaker Problems & Strengths, Caretaker Post-Treatment Interview, Secondary Analysis
(responding yes)

	Kentucky					New Jersey					Tennessee				
	Control		Experimental		Secondary	Control		Experimental		Secondary	Control		Experimental		Secondary
	N	%	N	%	*p*	N	%	N	%	*p*	N	%	N	%	*p*
Problems															
Felt blue or depressed	137	41	110	39		114	46	181	49		34	44	71	39	
Felt nervous or tense	137	45	110	44		113	51	181	43		34	38	71	38	
Just wanted to give up	137	16	110	14		114	29	181	20	.07	32	28	70	23	
Overwhelmed with work or family responsibility	137	35	110	48	.04	114	52	181	44		34	35	71	31	
Felt you had few or no friends	137	14	109	17		114	21	180	19		34	35	70	17	.04
Not enough money for food, rent, or clothing	137	39	110	40		114	51	181	42		34	47	71	42	
Gotten in trouble with the law	136	3	110	03		114	2	181	02		34	3	71	0	
Had too much to drink in a week	137	2	110	01		114	3	180	03		34	3	71	3	
Used drugs several times a week	137	1	110	00		114	2	180	01		34	6	71	3	
Economic Items															
Had difficulty paying rent	133	14	107	19		115	29	180	20	.09	34	24	71	14	
Had difficulty paying electric/heat	134	19	107	26		114	32	180	29		34	29	71	20	
Had difficulty buying enough food	137	14	108	15		114	29	180	24		34	24	71	13	
Had difficulty buying clothes	137	18	108	19		114	46	179	35	.06	34	29	71	25	
Positive Items															
Have you felt happy	137	82	109	90	.07	112	80	181	81		34	82	71	92	
Gotten together with anyone to have fun/relax	137	64	110	62		114	65	181	60		34	38	71	76	.001
Doing a pretty good job raising kids	136	93	110	92		111	89	180	90		33	94	70	97	

Table I-6
Caretaker Problems & Strengths, Caretaker Follow-up Interview, Secondary Analysis
(responding yes)

	Kentucky					New Jersey					Tennessee				
	Control		Experimental		Secondary	Control		Experimental		Secondary	Control		Experimental		Secondary
	N	%	N	%	p	N	%	N	%	p	N	%	N	%	p
Problems															
Felt blue or depressed	113	45	97	42		90	58	142	49		34	41	67	48	
Felt nervous or tense	113	49	97	55		88	56	142	46		34	27	66	38	
Just wanted to give up	113	19	97	23		88	27	142	24		34	18	66	15	
Overwhelmed with work or family responsibility	113	39	97	46		88	53	142	51		34	44	67	37	
Felt you had few or no friends	113	24	97	26		90	16	142	26	.06	34	9	67	18	
Not enough money for food, rent, or clothing	112	44	97	39		89	48	142	46		34	41	67	49	
Gotten in trouble with the law	113	6	97	2		90	1	142	4		34	3	67	3	
Had too much to drink in a week	113	3	97	2		89	0	142	3		34	3	67	8	
Used drugs several times a week	113	3	97	0		89	0	142	1		34	3	67	5	
Economic Items															
Had difficulty paying rent	112	19	94	20		90	31	142	30		34	35	67	22	
Had difficulty paying electric/heat	112	19	93	24		90	37	142	39		34	41	67	36	
Had difficulty buying enough food	113	15	96	15		90	36	142	28		34	18	66	15	
Had difficulty buying clothes	113	16	95	19		90	43	142	36		34	27	66	21	
Positive Items															
Have you felt happy	113	89	97	90		89	81	142	87		34	91	66	88	
Gotten together with anyone to have fun/relax	113	73	97	67		90	59	142	67		34	65	67	70	
Doing a pretty good job raising kids	107	91	93	92		86	91	142	92		34	91	67	97	

NOTE: "FE" indicates significance determined by Fisher's exact test

Table I-7
Caretaker Reports of Child Care Practices, Post-Treatment Interview, Secondary Analysis

	Kentucky					New Jersey					Tennessee				
	Control		Experimental		Secondary	Control		Experimental		Secondary	Control		Experimental		Secondary
	N	%	N	%	p	N	%	N	%	p	N	%	N	%	p
Lost temper when child got on nerves	137	43	109	42		114	61	180	59		34	27	71	35	
Found that hitting child was good	135	5	109	7		113	12	179	9		34	18	70	7	.10
Hitting child harder that meant to	135	8	109	6		113	10	180	6		34	6	69	9	
Out of control when punishing child	136	25	108	20		113	42	180	30	.03	33	9	70	11	
Have you praised your children	136	94	108	92		114	91	180	92		34	91	70	91	
Listened to music together w/child	136	85	108	88		114	84	180	84		34	91	71	92	
Tied child with cord- string-belt	134	0	108	0		114	1	180	1		34	0	71	1	
Gone to amusement park, pool, picnic	135	71	107	67		113	43	180	37		34	44	70	69	.02
Uncomfortable hugging child	118	4	99	5		79	4	128	6		30	7	65	5	
Encouraged child to read book	129	92	104	92		109	82	174	90	.04	31	94	65	97	
Have children handled household chores	120	78	95	80		109	72	172	80		31	90	65	94	
Not let children into the house	130	2	102	3		110	8	174	3	.08	30	3	65	2	
Punished for not finishing food	131	8	104	1	.03 (FE)	109	6	176	5		30	0	64	0	
Blamed child w/ things not their fault	134	39	105	30		111	26	176	19		32	9	67	13	
Let child to play where not allowed	130	2	103	4		107	1	173	3		30	0	64	2	
Unable to find someone to watch children	136	10	109	12		112	20	175	14		32	22	67	30	

NOTE: "FE" indicates significance determined by Fisher's exact test

Table I-8
Caretaker Reports of Child Care Practices, Follow-up Interview, Secondary Analysis

	Kentucky					New Jersey					Tennessee				
	Control		Experimental		Secondary	Control		Experimental		Secondary	Control		Experimentai		Secondary
	N	%	N	%	*p*	N	%	N	%	*p*	N	%	N	%	*p*
Lost temper when child got on nerves	108	46	90	43		89	58	142	55		36	22	66	20	
Found that hitting child was good	108	6	90	3		88	6	142	4		36	8	65	6	
Hitting child harder that meant to	108	3	90	4		88	7	142	1	.01 (FE)	36	6	65	3	
Out of control when punishing child	107	20	90	23		88	33	142	23		36	14	65	8	
Have you praised your children	108	90	90	92		89	91	142	94		36	97	66	92	
Listened to music together w/child	108	82	90	86		89	80	142	87		36	94	63	92	
Tied child with cord- string-belt	108	0	90	1		89	1	142	1		36	0	64	0	
Gone to amusement park, pool, picnic	108	74	90	73		89	47	142	49		35	94	64	89	
Uncomfortable hugging child	97	4	84	5		58	7	104	6		35	6	60	3	
Encouraged child to read book	102	83	86	81		88	88	135	90		34	100	61	95	
Have children handled household chores	96	74	77	75		87	67	135	84	.003	34	94	58	88	
Not let children into the house	101	0	86	0		87	3	137	3		33	3	59	3	
Punished for not finishing food	104	3	87	2		87	1	137	3		33	3	60	3	
Blamed child w/ things not their fault	104	33	87	44		87	20	137	25		33	15	61	15	
Let child to play where not allowed	104	1	85	0		85	2	136	1		33	0	59	3	
Unable to find someone to watch children	105	3	92	0		86	19	141	20		33	21	62	21	

NOTE: "FE" indicates significance determined by Fisher's exact test

Table I-9
Caretakers' Assessments of Overall Change Since First Interview, Post-Treatment Interview, Secondary Analysis

Change	Kentucky		New Jersey		Tennessee	
	Control %	Experimental %	Control %	Experimental %	Control %	Experimental %
	$p = .012$		$p = .001$		$p = .09$	
Great Improvement	15	25	10	19	32	35
Some Improvement	30	40	37	54	32	38
Same	44	29	35	17	22	14
Somewhat or a great deal worse	12	6	19	11	14	13

Table I-10
Caretakers' Assessments of Overall Change Since Post-Treatment Interview, Follow-up Interview, Secondary Analysis

Change	Kentucky		New Jersey		Tennessee	
	Control %	Experimental %	Control %	Experimental %	Control %	Experimental %
Secondary analysis:	p = n.s.		p = n.s.		p = n.s.	
Great Improvement	33	37	28	31	53	37
Some Improvement	38	38	35	42	31	41
Same	18	18	18	16	8	15
Somewhat or a great deal worse	12	8	19	12	8	7

Table I-11
Caseworkers' Assessments of Caretakers' Parental Functioning, Secondary Analysis

Kentucky

	Control		Experimental		Secondary
	N	Mean	N	Mean	*p*
Initial:					
Caretaker ability to provide food	123	2.68	88	2.92	.07
Caretaker ability giving affection	124	2.65	96	2.85	
Caretaker respect for child's opinions	111	2.40	83	2.59	
Respond patiently to child's questions	114	2.17	84	2.54	.02
Respond to child's emotional needs	129	2.16	94	2.47	.03
Provide learning opportunities	119	2.18	84	2.44	
Setting firm/consistent limits/rules	121	1.72	90	1.92	
Adequate supervisor/responsible childcare	131	2.18	95	2.52	.03
Attending to children's health needs	126	2.82	89	3.04	.10
Caretaker functioning, 9 items, average of nonmissing items, higher = better	110	2.27	78	2.53	.05
Post-treatment:					
Caretaker ability to provide food	137	2.91	111	2.98	
Caretaker ability giving affection	139	2.83	112	2.84	
Caretaker respect for child's opinions	127	2.58	104	2.43	
Respond patiently to child's questions	130	2.45	104	2.39	
Respond to child's emotional needs	137	2.31	111	2.31	
Provide learning opportunities	136	2.40	110	2.47	
Setting firm/consistent limits/rules	137	2.10	106	2.08	
Adequate supervisor/responsible childcare	144	2.53	112	2.66	
Attending to children's health needs	142	2.95	110	3.21	.04
Caretaker functioning, 9 items, average of nonmissing items, higher=better	134	2.58	107	2.60	

Note: Scale for individual items: 0-4, where 0 = not adequate, 4 = very adequate

Table I-11
Caseworkers' Assessments of Caretakers' Parental Functioning, Secondary Analysis, Continued

New Jersey

	Control		Experimental		Secondary
	N	Mean	N	Mean	*p*
Initial:					
Caretaker ability to provide food	99	3.24	199	3.25	
Caretaker ability giving affection	99	2.89	208	2.71	
Caretaker respect for child's opinions	100	2.42	196	2.42	
Respond patiently to child's questions	98	2.42	196	2.33	
Respond to child's emotional needs	100	2.39	202	2.31	
Provide learning opportunities	95	2.84	197	2.54	.02
Setting firm/consistent limits/rules	106	2.17	204	1.95	
Adequate supervisor/responsible childcare	110	2.82	212	2.77	
Attending to children's health needs	105	3.37	191	3.23	
Caretaker functioning, 9 items, average of nonmissing items, higher = better	89	2.66	191	2.51	.10
Post-treatment:					
Caretaker ability to provide food	115	3.39	219	3.36	
Caretaker ability giving affection	120	2.96	226	2.74	.06
Caretaker respect for child's opinions	110	2.57	218	2.45	
Respond patiently to child's questions	119	2.51	220	2.42	
Respond to child's emotional needs	126	2.43	227	2.43	
Provide learning opportunities	117	2.90	219	2.63	.02
Setting firm/consistent limits/rules	126	2.38	221	2.14	.06
Adequate supervisor/responsible childcare	127	2.93	227	2.86	
Attending to children's health needs	126	3.34	220	3.28	
Caretaker functioning, 9 items, average of nonmissing items, higher=better	119	2.80	222	2.70	

Note: Scale for individual items: 0-4, where 0 = not adequate, 4 = very adequate

Table I-11
Caseworkers' Assessments of Caretakers' Parental Functioning, Secondary Analysis, Continued

Tennessee	Control		Experimental		Secondary
	N	Mean	N	Mean	*p*
Initial:					
Caretaker ability to provide food	36	2.78	50	3.18	.10
Caretaker ability giving affection	41	2.76	55	2.91	
Caretaker respect for child's opinions	33	2.18	49	2.80	.004
Respond patiently to child's questions	31	2.16	49	2.57	.07
Respond to child's emotional needs	39	2.03	56	2.50	.02
Provide learning opportunities	37	2.57	53	2.60	
Setting firm/consistent limits/rules	34	2.26	53	2.00	
Adequate supervisor/responsible childcare	42	2.33	57	2.96	.007
Attending to children's health needs	41	2.66	55	3.20	.03
Caretaker functioning, 9 items, average of nonmissing items, higher = better	29	2.51	48	2.63	
Post-treatment:					
Caretaker ability to provide food	38	2.95	67	3.37	.02
Caretaker ability giving affection	42	2.71	70	2.91	
Caretaker respect for child's opinions	37	2.30	65	2.88	.006
Respond patiently to child's questions	36	2.17	67	2.67	.009
Respond to child's emotional needs	40	2.23	72	2.64	.02
Provide learning opportunities	41	2.61	70	2.69	
Setting firm/consistent limits/rules	40	2.05	70	2.44	.06
Adequate supervisor/responsible childcare	43	2.51	74	2.97	.02
Attending to children's health needs	42	2.93	70	3.17	
Caretaker functioning, 9 items, average of nonmissing items, higher=better	39	2.48	69	2.86	.02

Note: Scale for individual items: 0-4, where 0 = not adequate, 4 = very adequate

Table I-12
Summary of Outcomes, Post-Treatment Interview, Secondary Analysis

Caretaker Interview: Proportion of affirmative answers to yes/no questions

	Kentucky			New Jersey			Tennessee		
	Control %	Exp %	Secondary *p*	Control %	Exp %	Secondary *p*	Control %	Exp %	Secondary *p*
Is apartment/house rented (vs. owned)	*75*	*87*	*.03*	67	68		66	73	
Got together with anyone to have fun	64	62		65	60		**38**	**76**	**.001**
Felt had few or no friends	14	17		21	19		**35**	**17**	**.04**
Have you had any health problems	13	12		**21**	**12**	**.04**	6	4	
Out of control when punishing child	25	20		**42**	**30**	**.03**	9	11	
Punished for not finishing food	**8**	**1**	**.03 (FE)**	6	6		0	0	
Encouraged child to read a book	92	92		**82**	**90**	**.04**	94	97	
Have goals been accomplished	**62**	**81**	**.003**	**49**	**72**	**.001**	79	85	
Assessment of overall change:			**.01**			**.001**			.09
Great Improvement	**15**	**25**		**10**	**19**		32	35	
Some Improvement	**30**	**40**		**37**	**54**		32	38	
Same	**44**	**29**		**35**	**17**		22	14	
Somewhat or a great deal worse	**12**	**6**		**19**	**11**		14	13	

NOTE: This table only includes items with a secondary p-value less than .05 in at least one of the states; p-values greater than .10 are not reported.
Items in bold indicate significant findings in favor of the experimental group whereas italicized items indicate significant findings in favor of the control group.

Table I-12
Summary of Outcomes, Post-Treatment Interview, Secondary Analysis, Continued

	Kentucky			New Jersey			Tennessee		
	Control M	Exp M	Secondary *p*	Control M	Exp M	Secondary *p*	Control M	Exp M	Secondary *p*
Caretaker Scales:									
Negative child care practices (proportion of 10 items)	.14	.12		**.18**	**.14**	**.05**	.08	.09	
Negative child behaviors (proportion of 21 items)	.34	.33		**.33**	**.28**	**.006**	.20	.20	
Number of 3 child aggression items	1.36	1.35		**1.72**	**1.45**	**.03**	.79	.85	
Change in proportion of negative child care practices from Initial to Post-treatment interviews	**-.02**	**-.06**	**.02**	-.04	-.05		**-.03**	**-.09**	**.04**

NOTE: This table only includes items with a secondary *p*-value less than .05 in at least one of the states; *p*-values greater than .10 are not reported. Items in bold indicate significant findings in favor of the experimental group whereas italicized items indicate significant findings in favor of the control group.

Table I-12
Summary of Outcomes, Post-Treatment Interview, Secondary Analysis, Continued

	Kentucky			New Jersey			Tennessee		
Caseworker Scales:	Control M	Exp M	Secondary *p*	Control M	Exp M	Secondary *p*	Control M	Exp M	Secondary *p*
Ability to provide food (higher = more adequate)	2.91	2.98		3.39	3.36		**2.95**	**3.37**	**.02**
Ability giving affection (higher = more adequate)	2.83	2.84		*2.96*	*2.74*	*.06*	2.71	2.91	
Respecting child's opinions (higher = more adequate)	2.58	2.43		2.57	2.45		**2.30**	**2.88**	**.006**
Responding patiently to child's questions (higher = more adequate)	2.45	2.39		2.51	2.42		**2.17**	**2.67**	**.009**
Respond to child's emotional needs (higher = more adequate)	2.31	2.31		2.43	2.43		**2.23**	**2.64**	**.02**
Providing learning opportunities for child (higher = more adequate)	2.40	2.47		*2.90*	*2.63*	*.02*	2.61	2.69	
Setting firm/consistent limits/rules (higher = more adequate)	2.10	2.08		2.38	2.14	.06	2.05	2.44	.06
Adequate supervision / Responsible child care (higher = more adequate)	2.53	2.66		2.93	2.86		**2.51**	**2.97**	**.02**
Attending to child's health needs (higher = more adequate)	**2.95**	**3.21**	**.04**	3.34	3.28		2.93	3.17	
Household condition (proportion of 13 items, higher = worse condition)	*.10*	*.13*	*.005*	*.09*	*.11*	*.005*	.12	.12	
Caretaker problems (proportion of 21 items, higher = more problems)	*.24*	*.31*	*.0004*	.21	.24	.06	.21	.17	
Caretaker functioning (higher = better)	2.58	2.60		2.80	2.70		**2.48**	**2.86**	**.02**
Respecting child's opinions (change in average ratings from initial to post-tx)**	*.16*	*-.10*	*.04*	*.27*	*.02*	*.05*	.10	.13	
Responding to child's emotional needs (change in average ratings from initial to post-tx) **	*.15*	*-.10*	*.05*	.13	.13		.25	.07	
Setting firm/consistent limits/rules (change in average ratings from initial to post-tx) **	.31	.25		.25	.24		**-.18**	**.33**	**.02**
Caretaker Problems (change in proportion of 21 items; lower = less at post-tx)	-.05	-.04		-.05	-.04		**-.03**	**-.08**	**.05**

NOTE: This table only includes items with a secondary *p*-value less than .05 in at least one of the states; *p*-values greater than .10 are not reported.
Items in bold indicate significant findings in favor of the experimental group whereas italicized items indicate significant findings in favor of the control group.
** Scale for change in ratings: -4 = ability decreased greatly over time, 0 = no change in ability over time, +4 = ability increased greatly over time

Table I-13

Summary of Outcomes, Caretaker Follow-Up Interview, Secondary Analysis

Proportion of affirmative answers to yes/no questions	Kentucky			New Jersey			Tennessee		
	Control %	Exp %	Secondary *p*	Control %	Exp %	Secondary *p*	Control %	Exp %	Secondary *p*
Hitting child harder than meant to	3	4		**7**	**1**	**.01 (FE)**	6	3	
Have children handled household chores	74	75		**67**	**84**	**.003**	94	88	

NOTE: This table only includes items with a secondary *p*-value less than .05 in at least one of the states; *p*-values greater than .10 are not reported
Items in bold indicate significant findings in favor of the experimental group whereas italicized items indicate significant findings in favor of the control group.

Caretaker Scales:	Kentucky			New Jersey			Tennessee		
	Control M	Exp M	Secondary *p*	Control M	Exp M	Secondary *p*	Control M	Exp M	Secondary *p*
School problems (proportion yes to 5 items)	.25	.19		**.37**	**.27**	**.02**	.20	.16	
Positive child care practices (proportion of 5 items)	.82	.83		**.75**	**.81**	**.05**	.96	.92	

NOTE: This Table only includes items with a secondary *p*-value less than .05 in at least one of the states; *p*-values greater than .10 are not reported
Items in bold indicate significant findings in favor of the experimental group whereas italicized items indicate significant findings in favor of the control group.

APPENDIX J

LIST OF COMPUTED VARIABLES

EVALUATION OF FAMILY PRESERVATION SERVICES - LIST OF COMPUTED VARIABLES

CARETAKER INTERVIEW VARIABLES

Variable Label	Items Included / Computation of New Variable
Scale Variables:	
Positive Life Events	Initial interview items included: 9a, 9d, 9f, 9i, 9j, and 9l; Post-treatment interview items included: 11a,11d,11f,11i,11j,11l; Follow-up interview items included: 11a,11d,11f,11i,11j,11l; This variable is a proportion equal to the number of "yes" responses divided by the total number of items responded to; interviewee must respond to at least 4 of the 6 items or this variable is coded as missing.
Negative Life Events	Initial interview items included: 9b,9c,9e,9g,9h,9k,9n,9o; Post-treatment interview items included: 11b,11c,11e,11g,11h,11k,11n,11o; Follow-up interview items included: 11b,11c,11e,11g,11h,11k,11n,11o; This variable is a proportion equal to the number of "yes" responses divided by the total number of items responded to; interviewee must respond to at least 5 of the 8 items or this variable is coded as missing.
Caretaker Alcohol and Drugs	Initial interview items included: 10d, 10e; Post-treatment interview items included: 12d, 12e; Follow-up interview items included: 12d, 12e; This variable is a sum of the items checked
Life Events Depression	Initial interview items included: 10c, 10f, 10l, 10m; Post-treatment interview items included: 12c, 12f, 12l, 12m; Follow-up interview items included: 12c, 12f, 12l, 12m; This variable is a proportion equal to the number of "yes" responses divided by the total number of items responded to; interviewee must respond to at least 3 of the 4 items or this variable is coded as missing.
Paying Bills	Initial interview items included: 21a, 21b, 21c, 21d; Post-treatment interview items included: 21a, 21b, 21c, 21d; Follow-up interview items included: 21a, 21b, 21c, 21d; This variable is a proportion equal to the number of "yes" responses divided by the total number of items responded to; interviewee must respond to at least 3 of the 4 items or this variable is coded as missing.
Income Support Programs	Initial interview items included: 22a,22c,22d,22e,22f; Post-treatment interview items included: 22a, 22c, 22d, 22e, 22f; Follow-up interview items included: 22a, 22c, 22d, 22e, 22f; This variable is a sum of the number of "yes" responses to the above listed items
Treatment Programs	Initial interview items included: 22g, 22h, 22i, 22j; Post-treatment interview items included: 22g, 22h, 22i, 22j; Follow-up interview items included: 22g, 22h, 22i, 22j; This variable is a sum of the number of "yes" responses to the above listed items

Variable Label	Items Included / Computation of New Variable
Services Provided	*This variable is not calculated for Initial data*; Post-treatment interview items included: 23a through 23l; Follow-up interview items included: 23a through 23l; This variable is a summation of the number of services provided.
Punishment	Initial interview items included: 23a, 23b, 23c 23d 23g; Post-treatment interview items included: 24a 24b 24c 24d 24g; Follow-up interview items included: 24a 24b 24c 24d 24g; This variable is a proportion equal to the number of "yes" responses divided by the total number of items responded to; interviewees must respond to at least 3 of the 5 items or this variable is coded as missing
Services Unavailable	Initial interview items included: 24a through 24e; Post-treatment interview items included: T2_ ...25a through 25e; Follow-up interview items included: T2_ ...25a through 25e; This variable is a proportion equal to the number of "yes" responses divided by the total number of items responded to; interviewees must respond to at least 3 of the 5 items or this variable is coded as missing
Child w/ Alcohol or Drugs when born	Initial interview items included: 25a, 25b; Post-treatment interview items included: 26a, 26b; Follow-up interview items included: 26a, 26b; This variable is a sum of the number of "yes" responses
Child Aggression	Initial interview items included: 25h, 25l, 25n; Post-treatment interview items included: 26h, 26l, 26n; Follow-up interview items included: 26h, 26l, 26n; This variable is a sum of the number of "yes" responses
Child School Problems	Initial interview items included: 25u, 25w, 25x, 25aa, 25cc; Post-treatment interview items included: 26u, 26w, 26x, 26aa, 26cc; Follow-up interview items included: 26u, 26w, 26x, 26aa, 26cc; This variable is a proportion equal to the number of "yes" responses divided by the total number of items responded to; interviewees must respond to at least 3 of the 5 items or this variable is coded as missing
Withdrawn	Initial interview items included: 25c, 25i; Post-treatment interview items included: 26c, 26i; Follow-up interview items included: 26c, 26i; This variable is a sum of the number of "yes" responses
Stolen things or arrested	Initial interview items included: 25z, 25ee; Post-treatment interview items included: 26z, 26ee; Follow-up interview items included: 26z, 26ee; This variable is a sum of the number of "yes" responses

Variable Label	Items Included / Computation of New Variable
Child substance abuse	Initial interview items included: 25ff, 25gg; Post-treatment interview items included: 26ff, 26gg; Follow-up interview items included: 26ff, 26gg; This variable is a sum of the number of "yes" responses
Other child problems	Initial interview items included: 25d, 25e, 25m, 25s, 25v, 25bb, 25dd, 25hh, 25ii; Post-treatment interview items included: 26d, 26e, 26m, 26s, 26v, 26bb, 26dd, 26hh, 26ii; Follow-up interview items included: 26d, 26e, 26m, 26s, 26v, 26bb, 26dd, 26hh, 26ii; This variable is a summation of the number of "yes" responses.
Negative child behaviors	Initial interview items included: 25e, 25m, 25s, 25v, 25dd, 25hh, 25ii, 25h, 25l, 25n, 25u, 25w, 25x, 25aa, 25cc, 25c, 25i, 25z, 25ee, 25ff, 25gg; Post-treatment interview items included: 26e, 26m, 26s, 26v, 26dd, 26hh, 26ii, 26h, 26l, 26n, 26u, 26w, 26x, 26aa, 26cc, 26c, 26i, 26z, 26ee, 26ff, 26gg; Follow-up interview items included: 26e, 26m, 26s, 26v, 26dd, 26hh, 26ii, 26h, 26l, 26n, 26u, 26w, 26x, 26aa, 26cc, 26c, 26i, 26z, 26ee, 26ff, 26gg; This variable is a proportion equal to the number of "yes" responses divided by the total number of items responded to; interviewees must respond to at least 5 of the 21 items or this variable is coded as missing
Positive Child Behaviors	Initial interview items included: 25f, 25g, 25j, 25k, 25o, 25p, 25q, 25r, 25t, 25y; Post-treatment interview items included: 26f, 26g, 26j, 26k, 26o, 26p, 26q, 26r, 26t, 26y; Follow-up interview items included: 26f, 26g, 26j, 26k, 26o, 26p, 26q, 26r, 26t, 26y; This variable is a proportion equal to the number of "yes" responses divided by the total number of items responded to; interviewees must respond to at least 4 of the 10 items or this variable is coded as missing
Caseworker activities	*This variable is not calculated for initial data* Post-treatment interview items included: 33a through 33s; Follow-up interview items included: 38a through 38s; This variable is a sum of the number of items listed (from the 19 possible items included)
Good Caseworker activities	*This variable is not calculated for initial or follow-up data* Post-treatment interview items included: 33a through 33h; This variable is a sum of the number of items listed (from the 8 possible items included)
Household condition	Initial interview items included: 26a through 26j; Post-treatment interview items included: 43a through 43j; Follow-up interview items included: 40a through 40j; This variable is a proportion equal to the number of "yes" responses divided by the total number of items responded to; interviewees must respond to at least 3 of the 10 items or this variable is coded as missing
Caretaker Depression	Initial interview items included: p1 through p13; Post-treatment interview items included: p1 through p13; Follow-up interview items included: p1 through p13; Each of the items included uses a scale from 0 to 4. This variable sums the scores from each scale and divides that number by the number of scales, thus resulting in an overall score between 0 and 4. If more than 4 items were not responded to, this variable is coded as missing.

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Variable Label	Items Included / Computation of New Variable
Positive Child Care Items	Initial interview items included: 23e, 23f, 23h, 23j, 23k Post-treatment interview items included: 24e, 24f, 24h, 24j, 24k; Follow-up interview items included: 24e, 24f, 24h, 24j, 24k; This variable is a proportion equal to the number of "yes" reponses divided by the total number of items responded to; If the screening question indicates the child is over 1 year old, then there are 5 possible items and if less than 4 are responded to, this scale is coded as missing. If the screening question indicates the child is under 1 year old, then there are 3 possible items and if less than 3 are responded to, this scale is coded as missing.
Negative Child Care Items *[note that this scale overlaps with the punishment scale]*	Initial interview items included: 23a, 23b, 23c, 23d, 23g, 23i, 23l, 23m, 23n, 23o; Post-treatment interview items included: 24a, 24b, 24c, 24d, 24g, 24i, 24l, 24m, 24n, 24o; Follow-up interview items included: 24a, 24b, 24c, 24d, 24g, 24i, 24l, 24m, 24n, 24o; This variable is a proportion equal to the number of "yes" responses divided by the total number of items responded to; If the screening question indicated the child was over 1 year old then either 9 or 10 items were possible and if less than 7 items were responded to then this scale was coded as missing. If the screening question indicated that the child was under 1 year old, then 6 items were possible and if less than 4 items were responded to then this scale was coded as missing.

For all scale variables with both initial and post-treatment interviews completed, a change score was calculated by subtracting the initial interview score from the post-treatment interview score.

HOUSEHOLD ENUMERATION TABLE VARIABLES:

Variable Label	Items Included / Computation of New Variable
Did respondent agree w/ placement decision	This case-level variable is taken from column n of the initial interview (Post-treatment Interview: column r) and is computed as: A= respondent agreed with decision for all children placed D= respondent disagreed with decision for all children placed and M=respondent agreed with decision for one child (or more) and disagreed for another (or more)
Oldest child's age	This case level variable is based on the column D age variable and is set equal to the age of the oldest child in each case.
Number of kids living here in Foster Care	This case-level variable is based on column k (Post-treatment Interview: column l) and is equal to the number of kids who reside in the home and are in foster care placements
Number of kids living in institutions	This case-level variable is a sum of responses in column l (Post-treatment Interview: column p) with values of 3 (in an institution) for individuals age less than 18.
Number kids other places	This case-level variable is a sum of responses in column l (Post-treatment Interview: column p) with values of 4 (somewhere else) for individuals age less than 18.

Variable Label	Items Included / Computation of New Variable
Number of children out of the home	This case-level variable is a sum of responses in column j (Post-treatment Interview: column k) with values of 2 (somewhere else) for individuals age less than 18.
Number kids location missing	This case-level variable is a sum of the responses in column j (Post-treatment Interview: column k) with values of 9 or "." (not ascertained / missing) for individuals age less than 18.
Number of kids out of home since referral	*This variable is not calculated for Initial Interview;* This case-level variable is a sum of the responses in column m with values of 1 (yes, child has lived somewhere else since DATE) , for individuals age < 18.
Number kids with non-relatives	This case-level variable is a sum of responses in column l (Post-treatment Interview: column p) with values of 2 (with a non-relative) for individuals age less than 18.
Number kids with relatives	This case-level variable is a sum of responses in column l (Post-treatment Interview: column p) with values of 1 (in a relative's home) for individuals age less than 18.
Youngest child's age	This case-level variable is based on the age variable in column D and is set equal to the age of the youngest child in each case.
Number of adults in household	This case-level variable is the number of records per case where the individual's age is at or between 18 and 96 (as codes below 18 = child and above 96 = missing) OR if the individual is listed as the respondent
Number of children in household	This case-level variable is the number of records per case where the individual's age is less than 18 AND the individual is not listed as the respondent
Number of persons in the household	This case-level variable is the number of records per case
Oldest child's race	This case-level variable is set equal to the value in column f (both Initial and Post-treatment Interviews) for the oldest child in the family.
Who made the placement decision	This case-level variable is taken from column m (Post-treatment Interview: column q) and is computed as R= respondent made the decision for all children placed S= someone else made the decision for all children placed and M=respondent made the decision for one child (or more) and someone else made the decision for another child (or more)
Number of kids in foster care since referral	This case-level variable is a sum of responses in column o (Post-treatment Interview variable only) with values of 1 (yes this was a foster care placement) for individuals age less than 18.
Respondent's age	This case-level variable is set equal to age in Column D WHEN resp = 01 (respondent)
Respondent's education	This case-level variable is set equal to column H WHEN Resp = 01 (respondent)
Respondent's employment status	This case-level variable is set equal to column I WHEN Resp = 01 (respondent)
Respondent's marital status	This case-level variable is set equal to column G WHEN Resp = 01(respondent)
Respondent's race	This case-level variable is set equal to column F WHEN Resp = 01 (respondent)

Variable Label	Items Included / Computation of New Variable
Respondent's sex	This case-level variable is set equal to Column E WHEN Resp = 01 (respondent)
Youngest child's race	This case-level variable is set equal to the value in column f (both Initial and Post-treatment Interviews) for the youngest child in the family.
Case level Relationship of Child at time of Initial interview	If the Initial interview indicated that the person listed in this record is a caretaker (coded as1) then this variable is set equal to column C which is the individual's relationship to the youngest child in the family.
Number of people listed as caretaker / case	This variable was computed as a check to ensure that only one individual was coded as the caretaker in each case.
Biofathr Stpfathr Adptfathr Mfriend Mboardr MOthNrel MomsBF Brother Gfather GGFather Uncle Mcousin MothRel Hlfbrthr Stpbrthr Adptbthr BirthMom StpMothr AdptMthr Ffriend Fboardr FothNrel Sister Gmother GGMother Aunt Fcousin FothRel Hlfsistr Stpsistr StpGMthr Adptsstr	These are case level variables indicating whether this person (as specified by relationship to youngest child) is residing in the home. Each of these variables is coded as 0 (not present) or 1(present in the home), so that there is a case level indicator computed by using the codes in the variable T1_hhc (relationship to youngest child). Once transformed into case-level data, these variables were used to categorize who is residing in the home (in terms of adults and their relationships).
Number of Males in the home who are not blood related to the parent	This variable is equal to the sum of the number of persons in the home that fall into the following categories: Biological Father, Step Father, Adoptive Father, Mom's Boyfriend, Male Friend, Male Boarder, Male Other non-relative
Number of Females in the home who are not blood related to the parent	This variable is equal to the sum of the number of persons in the home that fall into the following categories: Birth mother, Step mother, Adoptive mother, Female friend, Female boarder, Female other non-relative
Number of Extended Family Members living in the home (Does NOT include adult siblings of the youngest child)	This variable is equal to the sum of the number of persons in the home that fall into the following categories: Grandmother, Great Grandmother, Aunt, Female cousin, Female other relative, Step Grandmother, Grandfather, Great Grandfather, Uncle, Male cousin, Male other relative
Number of Full, Step, Half, or Adopted Siblings (of the youngest child) over age 18 living in the home.	This variable is equal to the sum of the number of persons in the home that fall into the following categories: Sister, Brother, Half sister, Half brother, Step sister, Step brother, Adopted sister, Adopted brother

Variable Label	Items Included / Computation of New Variable
Household composition and collapsed categories of household composition at time of Initial interview	Cases were categorized according to the number and relationship of the adults in the home. These initial 15 categories were then further consolidated to indicate the 5 largest categories plus a category of other. Please see the table below for further explanation of these 2 variables.

OTHER COMPUTED VARIABLES FROM CARETAKER INTERVIEWS:

Variable Label	Items Included / Computation of New Variable
Caretaker Abused or Neglected *This variable only applies to Initial Interview*	This variable combines Initial Interview questions 11a and 11b to produce a new variable, where 1 = yes to 11a (abused), 2 = yes to 11b (neglected), and 3 = yes to both (abused and neglected).
Days since Caseworker Last Visited *This variable only applies to Post-treatment Interview*	This variable is based on Post-treatment Interview question 29, and values represent the total number of days since the caseworker last visited (according to the caretaker).
Total Days Caretaker Worked *This variable only applies to Post-treatment Interview*	This variable is based on Post-treatment Interview question 8a and values represent the total number of days the caretaker worked at the job referred to in question 8

HOUSEHOLD COMPOSITION VARIABLES, ORIGINAL AND COLLAPSED CATEGORIES

Household Composition at time of initial interview	Collapsed Household Composition categories
Birth Mother, single parent	Birth Mother, Single Parent
Birth Mother + 1 non-related Male	Birth Mother + 1 non-related Male
Birth Mother + extended family*	Birth Mother + extended family

Household Composition at time of initial interview	Collapsed Household Composition categories
Other Relative Caretaker* (possibly: sibling, grandparent, great grandparent, aunt, uncle, cousin, half-sibling, step-sibling, adopted sibling, step-grandparent, or "other relative")	Other Relative Caretaker
Biological Father, single parent*	Caretaker = Biological Father, may or may not include other adults
Biological Father + 1 non-related Female	
Biological Father + non-related Females	
Biological Father + non-related Male(s)	
Biological Father + extended family	
Biological Father + Non-related Male(s) & Female(s)	
Adoptive or Step Parent	All other Household Composition Categories
Nonrelative Caretaker* (possibly: friend, boarder, mother's boyfriend, or "other non-relative")	
Birth Mother + Non-related Male(s)*	
Birth Mother + Non-related Female(s)*	
Caretaker Not Ascertained	
Birth Mother + Non-related Male(s) & Female(s)	

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[*] These categories do not give consideration to the number or relationship of all non-caretaker adults in the home. In other words, even when not specified, these categories may include other relative or non-relative adults, but the caretaker must fall into the specifications listed for that category.

CASEWORKER INTERVIEW VARIABLES

Variable Label	**Items Included / Computation of New Variable**
Scale Variables:	
Household condition	Initial interview items included: 17a through 17m; Post-treatment interview items included: 16a through 16m; This variable is a proportion equal to the number of "no" responses divided by the total number of items responded to. Note that item 17f (or 16f) was reverse-coded, so a "yes" response was counted in the numerator for this scale. The interviewee must have responded to at least 11 of the 13 items or this variable was coded as missing. [lower score = fewer problems / better condition of home]
Child Problems	Initial interview items included: a, b, c, e, f, v, w, x, and y from the child column of question 19; Post-treatment interview items included: a, b, c, e, f, v, w, x, and y from the child column of question 17; This variable is a proportion equal to the number of "yes" responses divided by the total number of items responded to; interviewee must respond to at least 7 of the 10 items or this variable is coded as missing.
Caretaker Problems	Initial interview items included: a through u from the caretaker column of question 19; Post-treatment interview items included: a through u from the caretaker column of quesiton 17; This variable is a proportion equal to the number of "yes" responses divided by the total number of items responded to; interviewee must respond to at least 15 of the 21 items or this variable is coded as missing:
Caretaker Functioning	Initial interview items included: 20a through 20i; Post-treatment interview items included: 18a through 18i; Each of the items included uses a scale from 0 to 4. This variable sums the scores from each scale and divides that number by the number of scales, thus resulting in an overall score between 0 and 4; interviewee must respond to at least 7 of the 9 items or this variable is coded as missing:
Services Provided	Post-treatment interview items included: Question 20, column G, items a through z;
This variable calculated only for Post-treatment interview	This variable is a sum of the number of "yes" responses to the 26 items included
Services Client Refused	Post-treatment interview items included: Question 20, column H, items a through z;
This variable calculated only for Post-treatment interview	This variable is a sum of those items where the response = 2 (client refused)
Services not needed	Post-treatment interview items included: Question 20, column H, items a through z;
This variable calculated only for Post-treatment interview	This variable is a sum of those items where the response = 1 (not needed)

Variable Label	Items Included / Computation of New Variable
Services not provided other reason *This variable calculated only for Post-treatment interview*	Post-treatment interview items included: Question 20, column H, items a through z; This variable is a sum of those items where the response = 3 (other reason)
Variables measuring change between responses to initial and Post-treatment caseworker interviews:	
Change on caseworker scales for household condition, child problems, caretaker problems, and caretaker functioning Change scores for ratings of caretaking abilities	For cases where both Initial and Post-treatment interviews were completed, a difference score was calculated by subtracting the Initial interview score from the Post-treatment interview score. These change scores were calculated for cases where items a through i in question 20 were completed in the initial interview and items a through i in question 18 were completed in the Post-treatment interview; The change score was calculated by subtracting the Initial Interview score from the Post-treatment interview score. The new variables result in scores ranging from -4 to +4, where -4 = ability decreased greatly over time 0 = no change in ability over time +4 = ability increased greatly over time
Additional variables from caseworker interviews:	
Child problems	Items included: Post-treatment interview Question 19, items a, b, c, d, e, f, g, h, (Items a and d are scored in the opposite direction); This child-level variable is a sum of the number of problems present per child divided by the total number of responses to these items per child; interviewee must respond to at least 3 of the 8 items or this variable is coded as missing
Average number of problems per child in family	This case-level variable is based on the above variable for child problems and is calculated by adding each child's score and dividing by the number of children in the case.
Highest value for child problems	In each case, this variable is set equal to the highest value on the child problems variable.

APPENDIX K

STUDY INSTRUMENTS

CARETAKER INITIAL
CARETAKER INTERIM (POST-TREATMENT)
CARETAKER FINAL
CASEWORKER INITIAL
CASEWORKER INTERIM (POST TREATMENT)
STAFF QUESTIONNAIRE
INVESTIGATING WORKER QUESTIONNAIRE
CONTACT REPORT

WESTAT ID ______________

OMB No.: 0990-0210
Expiration Date: 04/30/99

NATIONAL EVALUATION OF FAMILY SERVICES

Caretaker Interview

(CTFP/Initial)

PREPARED FOR:

THE ASSISTANT SECRETARY
FOR PLANNING AND EVALUATION (ASPE)
DEPARTMENT OF HEALTH & HUMAN SERVICES

PREPARED BY:

WESTAT, INC.
ROCKVILLE, MD

THE CHAPIN HALL CENTER
FOR CHILDREN
UNIVERSITY OF CHICAGO

JAMES BELL ASSOCIATES
ARLINGTON, VA

A federal agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a currently valid OMB control number. Public reporting burden for this collection of information is estimated to vary from 35 to 55 minutes with an average of 45 minutes per response, including time for reviewing instructions, searching existing data sources, gathering and maintaining the necessary data, and completing and reviewing the collection of information. Send comments regarding the burden estimate or any other aspect of this collection of information to the OS Reports Clearance Officer, ASMB/Budget/DIOR, Room 503H HHH Bldg., 200 Independence Ave. SW, Washington D.C. 20201

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TIME ________ AM
STARTED: PM

As I just explained, this study is about child welfare services. Although your participation in this study is voluntary, your cooperation is extremely important, in that it will help Public Child Welfare Agencies provide better services to children and their families.

1. First, I would like to know the names of all the members of this household, including any child(ren) who may not be living here.

REFER TO CASE INFORMATION FORM (CIF)

ENTER ALL NAMES IN ORDER IN COL B, STARTING WITH PRIMARY CARETAKER, FOLLOWED BY THE CHILD(REN) AS LISTED ON CIF.

a. According to our records you are (NAME, PRIMARY CARETAKER). (VERIFY SPELLING). ENTER PRIMARY CARETAKER ON LINE 01.

b. Next, there is (NAME, YOUNGEST FOCAL CHILD). (VERIFY SPELLING). ENTER YOUNGEST FOCAL CHILD ON LINE 02.

c. FOR EACH CHILD LISTED ON CIF

Next, there is (NAME). (VERIFY SPELLING). ENTER ON NEXT PERSON LINE #.

d. Next, I need to know the first names of any other children under 18 who live here, including any who may be in foster care, living with relatives or some other family, away at school, or in an institution.

NO OTHER CHILDREN UNDER 18 8

e. Next, I need to list any other adults who live here. And what are the first names of the other adults, 18 and over, who live here? Let's list them in order of age from youngest to oldest. (And who is next in age?)

NO OTHER ADULTS 18 OR OVER 8

f. I have listed (READ ALL NAMES IN COL B). Does anyone else live here who may be temporarily away on vacation, in a hospital, in jail or prison, in an institution, or some other place?

NO ONE ELSE 8

GO TO COL C. ASK ALL QUESTIONS FOR ONE PERSON BEFORE GOING TO NEXT PERSON

HOUSEHOLD ENUMERATION TABLE

ASK ALL QUESTIONS FOR ONE PERSON BEFORE GOING TO NEXT PERSON.

A. PERSON #	B. NAME	C. RELATIONSHIP TO YOUNGEST FOCAL CHILD	D. AGE AND BIRTHDATE	E. SEX	F. RACE/ ETHNICITY	G. MARITAL STATUS OF PERSONS 16 OR OLDER
	LIST ALL NAMES IN ORDER IN COL. B, STARTING WITH THE PRIMARY CARETAKER ON LINE 01. (CIRCLE PERSON # IN COL. A TO INDICATE WHO THE RESPONDENT IS).	What is (PERSON's/ your) relationship to (NAME/ YOUNGEST FOCAL CHILD)?	What is (PERSON's/your) age and what is (PERSON's/your) date of birth?	ENTER SEX. ASK IF UNSURE M F	Do you consider (PERSON/ yourself) ... Black, not Hispanic .... (1) Hispanic .... (2) White, not Hispanic .... (3) Asian, Pacific Isl., or .... (4) American Indian, Eskimo or Aleut? .... (5) Other (SPECIFY) . (6) ENTER CODE	(Are you/is PERSON) currently married, divorced, separated, widowed, or single and never married? M .... (1) D .... (2) S .... (3) W .... (4) NM .... (5) UNDER AGE 16 .... (6) **ENTER RESPONDENT'S MARITAL STATUS ON WORKSHEET** ENTER CODE
(01)	(ENTER CARETAKER)		____/____/____ AGE _______	1 2	____________	
(02)		YOUNGEST FOCAL CHILD	____/____/____ AGE _______	1 2	____________	
(03)			____/____/____ AGE _______	1 2	____________	
(04)			____/____/____ AGE _______	1 2	____________	
(05)			____/____/____ AGE _______	1 2	____________	
(06)			____/____/____ AGE _______	1 2	____________	
(07)			____/____/____ AGE _______	1 2	____________	
(08)			____/____/____ AGE _______	1 2	____________	

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H. SCHOOLING			I. EMPLOYMENT STATUS OF PERSONS 16 OR OLDER	J. RESIDENCE OF CHILDREN UNDER 18	K. FOSTER CARE		L. CHILDREN UNDER 18 LIVING ELSEWHERE	M. PLACEMENT DECISION	N. RESPONDENT AGREEMENT	
a. (Does PERSON/ do you) attend any kind of school, or not? b. (HAND CARD) What level of school (has PERSON/have you) completed? NO SCHOOLING ... NS DAY CARE .... DC PRE-SCHOOL .... PS KINDERGARTEN .. KG 1-12 (ENTER # YRS COMPL.) .... 01-12 H.S. GRAD .... HG GED .... GD VOC'L SCHOOL ..... VS UNGRADED SPEC'L. ED .... SE ATTEND COLL ..... AC COLLEGE GRAD .. CG			(Is PERSON/are you) currently ... Employed .... (1) Unemployed and looking for work, or .... (2) Unemployed and not looking for work? .... (3) UNDER AGE 16 ...... (6) **ENTER EMPLOYMENT STATUS OF R ON WORKSHEET** **GO TO COL J ONLY FOR CHILDREN UNDER 18. ELSE NEXT PERSON**	Does (CHILD) live here, or .... (1) somewhere else? .... (2) **ENTER ON WORKSHEET**	[Even though (CHILD) is living here] is this a foster care placement?		**FOR ALL CHILDREN CODED 2 IN J, ASK L-U:** Where does (CHILD) currently live ... In a relative's home .... (1) With a non-relative .... (2) In an institution, or .... (3) Somewhere else? (SPECIFY) ..... (4) DK .... (8) **IF "DK" (CODE 8 CIRCLED), GO TO [NEXT PERSON]**	Did you put (CHILD) there or did someone else? RESPONDENT .. (1) SOMEONE ELSE .... (2) (SPECIFY WHO)	At the time, did you agree with the decision for (CHILD) to live somewhere else?	
a.		b.								
Y	N	ENTER CODE	CIRCLE CODE	CIRCLE CODE	Y	N	ENTER CODE	CIRCLE CODE	Y	N
1	2		1 2 3 6	1 2	1	2	____________	1 2 (SPECIFY) ____________	1	2
1	2		1 2 3 6	1 2	1	2	____________	1 2 (SPECIFY) ____________	1	2
1	2		1 2 3 6	1 2	1	2	____________	1 2 (SPECIFY) ____________	1	2
1	2		1 2 3 6	1 2	1	2	____________	1 2 (SPECIFY) ____________	1	2
1	2		1 2 3 6	1 2	1	2	____________	1 2 (SPECIFY) ____________	1	2
1	2		1 2 3 6	1 2	1	2	____________	1 2 (SPECIFY) ____________	1	2
1	2		1 2 3 6	1 2	1	2	____________	1 2 (SPECIFY) ____________	1	2
1	2		1 2 3 6	1 2	1	2	____________	1 2 (SPECIFY) ____________	1	2

AFTER LAST PERSON GO TO BOX 1

O. VISIT CHILD(REN)	P. FREQUENCY OF VISITATION	Q. LAST VISIT	R. PLACE OF VISITS	S. DESIRE REUNIFICATION	T. EXPECT REUNIFICATION	U. TIME UNTIL REUNIFICATION
Do you regularly visit with (CHILD), or not?	About how often do you visit with (CHILD) ... Once a week or more .... (1) 2 or 3 times a month, or...... (2) Once a month.............. (3) Less often than that? (SPECIFY)...... (4)	How long ago did you last visit with (CHILD)?	Where do these visits usually take place ... Foster home .... (1) Your home .... (2) Someone else's home .... (3) Child Welfare office, or .... (4) Somewhere else?.................... (5) (SPECIFY)	Would you like (CHILD) to come and live with you? YES........................ (1) NO.......................... (2) OTHER (SPECIFY)........... (3)	Do you think (CHILD) will come and live with you? YES .... (1) NO........................... (2) OTHER (SPECIFY) .... (3) **IF "NO" (CODE 2 CIRCLED), GO TO [NEXT PERSON]**	When do you think that will happen?
Y N	CIRCLE CODE	DAYS WEEKS MONTHS	ENTER CODE	CIRCLE CODE	CIRCLE CODE	DAYS WEEKS MONTHS DK
1 (P) 2 (S)	1 2 3 4 ________	|_|_| 1 2 3	________	1 2 3 (SPECIFY) ________	1 2 3 (SPECIFY) ________	|_|_| 1 2 3 8
1 (P) 2 (S)	1 2 3 4 ________	|_|_| 1 2 3	________	1 2 3 (SPECIFY) ________	1 2 3 (SPECIFY) ________	|_|_| 1 2 3 8
1 (P) 2 (S)	1 2 3 4 ________	|_|_| 1 2 3	________	1 2 3 (SPECIFY) ________	1 2 3 (SPECIFY) ________	|_|_| 1 2 3 8
1 (P) 2 (S)	1 2 3 4 ________	|_|_| 1 2 3	________	1 2 3 (SPECIFY) ________	1 2 3 (SPECIFY) ________	|_|_| 1 2 3 8
1 (P) 2 (S)	1 2 3 4 ________	|_|_| 1 2 3	________	1 2 3 (SPECIFY) ________	1 2 3 (SPECIFY) ________	|_|_| 1 2 3 8
1 (P) 2 (S)	1 2 3 4 ________	|_|_| 1 2 3	________	1 2 3 (SPECIFY) ________	1 2 3 (SPECIFY) ________	|_|_| 1 2 3 8
1 (P) 2 (S)	1 2 3 4 ________	|_|_| 1 2 3	________	1 2 3 (SPECIFY) ________	1 2 3 (SPECIFY) ________	|_|_| 1 2 3 8
1 (P) 2 (S)	1 2 3 4 ________	|_|_| 1 2 3	________	1 2 3 (SPECIFY) ________	1 2 3 (SPECIFY) ________	|_|_| 1 2 3 8

AFTER LAST PERSON GO TO BOX 1

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BOX 1

REFER TO WORKSHEET, COL J

ALL CHILDREN LIVE HERE (CODE 1) 1 (3)

ONE OR MORE CHILDREN LIVE ELSEWHERE (CODE 2) 2 (2)

IF ONLY ONE CHILD LIVING ELSEWHERE, CIRCLE 1 WITHOUT ASKING

2. Do the children living somewhere else all live in the same place?

YES 1 (3)
NO .... 2 (a)

a. In how many different places do the children live?

____
# DIFFERENT OUT-OF-HOME PLACES

REFER TO WORKSHEET, COL G.

3. You told me that you are currently (MARITAL STATUS). Are you currently living with (your husband/wife/someone as married)?

YES, LIVING WITH SPOUSE
OR PARTNER 1 (4)
No .... 2 (BOX 2)

ENTER ON WORKSHEET

4. Has your (husband/wife/partner) had a full time job for more than one month. . .

within the last 6 months 1
between 6 and less than 12 months ago 2
between 1 and 2 years ago 3
more than 2 years ago, or 4
has s/he never had a full time job? 5

BOX 2

REFER TO WORKSHEET, COL I

RESPONDENT CURRENTLY UNEMPLOYED ... (CODES 2 OR 3) 1 (5)

RESPONDENT CURRENTLY EMPLOYED (CODE 1) 2 (6)

5. And when did you last have a full time job for more than one month. . .

within the last 6 months	1	
between 6 and less than 12 months ago	2	
between 1 and 2 years ago	3	(BOX 3)
more than 2 years ago, or	4	
have you never had a full time job?	5	

6. In the past year, how many full time jobs have you held?

One job	1
Two jobs	2
Three jobs, or	3
More than three jobs	4
NO FULL TIME JOBS	5

BOX 3

RESPONDENT LIVES IN A RESIDENTIAL APARTMENT OR HOUSE	1	(7)
RESPONDENT LIVES SOMEWHERE ELSE, e.g., WELFARE HOTEL, SHELTER, etc.	2	(8)

7. Is this (apartment/house) rented, or do you or someone else own it?

RENTED	1	(a)
OWNED	2	(b)

a. Is the (apartment/house) rented in your name or someone else's name?

RESPONDENT'S NAME	1	(8)
SOMEONE ELSE'S NAME	2	(c)
OTHER (SPECIFY) ____________	3	(8)

b. Do you own this (apartment/house), or does someone else own it?

RESPONDENT OWNS	1	(8)
SOMEONE ELSE OWNS	2	(c)
OTHER (SPECIFY) ____________	3	(8)

c. What is this person's relationship to you?

____

RELATIONSHIP TO RESPONDENT

8. How long have you been living at your current address . . .

Less than 6 months	1	(a)
More than 6 months, but less than 1 year	2	(a)
1-2 years	3	(9)
More than 2 years?	4	(9)

a. In the past year at how many different places or addresses have you lived?

_________ places

9. Now I have some questions about how you and the child(ren) you care for, (and the other people in the household) have been getting along.

I'm going to read a list of things that sometimes happen to people. Tell me whether anything like this has happened to you or someone in your household in the past 3 months?

		YES	NO
a.	Someone won a prize or received a special gift. Has something like that happened to you or someone in this household?	1	2
b.	Someone lost a job	1	2
c.	Someone was in a bad accident and got hurt	1	2
d.	Someone got married	1	2
e.	Someone was arrested for a crime and convicted	1	2
f.	Someone got a good job that pays well; has that happened to you or someone in this household?	1	2
g.	Someone got beaten up by someone outside the household	1	2
h.	Someone had some property stolen	1	2
i.	Someone got a new appliance or some new furniture	1	2
j.	Someone fell in love with someone really nice	1	2
k.	Someone failed in school or at job training	1	2
l.	Someone whose opinion you care about praised you	1	2
m.	Someone became pregnant	1	2
n.	Someone got divorced or separated	1	2
o.	Someone got beaten up by another household member	1	2

10. The next questions are about things that may have happened to you personally.

In the past month have you . . .		YES	NO	NA	
a.	gotten together with anyone to have fun or relax?	1	2	-	
b.	had any health problems that made it hard for you to take care of your child(ren)?	1	2	-	
c.	felt blue or depressed?	1	2	-	
d.	had too much to drink several times a week?	1	2	-	
e.	used drugs several times a week?	1	2	-	
f.	felt nervous or tense?	1	2	-	
g.	gotten in trouble with the law?	1	2	-	
h.	felt you had few or no friends?	1	2	-	
i.	felt happy?	1	2	-	
j.	felt you just didn't have enough money for food, rent or clothing?	1	2	-	
k.	had frequent fights and arguments with your (husband/wife/partner)?	1	2	6	NO SPOUSE OR PARTNER
l.	felt overwhelmed with work or family responsibilities?	1	2	-	
m.	just wanted to give up?	1	2	-	
n.	felt that considering everything you're doing a pretty good job raising your kid(s)?	1	2	-	

11. As a child. . .

a. were you ever abused?

YES	1
NO	2

b. were you ever neglected?

YES	1
NO	2

12. As a child, did you ever live in a foster home, an institution, or both?

NO	1
YES, FOSTER HOME ONLY	2
YES, INSTITUTION ONLY	3
YES, BOTH	4

Now I have some questions about your family and friends with whom you keep in touch.

13. a. Let's start with your parents. Are they alive?

(1) Mother, Yes .... 1 (b)
No .... 2 } (2)
Don't know .... 8 } (2)

(2) Father, Yes .... 1 (f)
No .... 2 } (14)
Don't know .... 8 } (14)

ENTER ON WORKSHEET

ASK ONLY FOR PARENTS WHO ARE LIVING.

A. MOTHER

b. How often do you see, talk or write to your mother? Would you say. . .

daily 1
once to several times a week ... 2
once or twice a month 3
at least once a year, or 4
never? .... 5 (B OR 14)

c. Is your mother someone you can rely on to provide emotional support by talking over your problems with her?

YES 1
NO 2

d. Can you count on your mother to help you out with money when you need it, or with work around the house?

YES 1
NO 2

e. Do you look to your mother for advice on how to handle problems?

YES 1
NO 2

(GO TO f)

B. FATHER

f. How often do you see, talk or write to your father? Would you say. . .

daily 1
once to several times a week ... 2
once or twice a month 3
at least once a year, or 4
never? 5 (14)

g. Is your father someone you can rely on to provide emotional support by talking over your problems with him?

YES 1
NO 2

h. Can you count on your father to help you out with money when you need it, or with work around the house?

YES 1
NO 2

i. Do you look to your father for advice on how to handle problems?

YES 1
NO 2

14. Do you have any sisters who are over 18? (Please include any step- or half-sisters). How many?

YES, ________________ 1
ENTER # SISTERS
NO SISTERS 2 (15)

Let's start with your (youngest) sister over 18.

a. How old is she? (And how old is your sister who is next in age)? REPEAT FOR ALL LIVING SISTERS.

ENTER AGE(S) IN TABLE UNDER **SISTERS**.

ASK b - e. FOR EACH SISTER AND ENTER IN TABLE BELOW.

b. How often do you see, talk or write to your sister who is (NUMBER) years old. . . ENTER CODE.

daily, ... (1)
once to several times a week, ... (2)
once or twice a month, ... (3)
at least once a year, or .... (4)
never? .... (5) (GO TO NEXT SISTER, OR 15)

c. Is this sister someone you can rely on to provide emotional support by talking over your problems? CIRCLE CODE IN TABLE

d. Can you count on this sister to help you out with money when you need it, or with work around the house? CIRCLE CODE IN TABLE

e. Do you look to this sister for advice on how to handle problems? CIRCLE CODE IN TABLE

SISTERS

a. Age	b. Contact	c. Emotional Support		d. Concrete Support		e. Advice	
ENTER BELOW	ENTER CODE	Y	N	Y	N	Y	N
		1	2	1	2	1	2
		1	2	1	2	1	2
		1	2	1	2	1	2
		1	2	1	2	1	2

15. Do you have any brothers who are over 18? (Please include any step- or half-brothers). How many?

YES, ______________ 1
ENTER # BROTHERS
NO BROTHERS 2 (16)

a. And, how old is your (youngest) brother? (How old is your brother who is next in age)? REPEAT FOR ALL LIVING BROTHERS.

ENTER AGE(S) IN TABLE UNDER **BROTHERS**.

ASK b - e. FOR EACH BROTHER AND ENTER IN TABLE BELOW.

b. How often do you see, talk or write to your brother who is (NUMBER) years old. . . ENTER CODE.

daily, ... (1)
once to several times a week, ... (2)
once or twice a month, ... (3)
at least once a year, or .... (4)
never? .... (5) (GO TO NEXT BROTHER, OR 16)

c. Is this brother someone you can rely on to provide emotional support by talking over your problems? CIRCLE CODE IN TABLE

d. Can you count on this brother to help you out with money when you need it, or with work around the house? CIRCLE CODE IN TABLE

e. Do you look to this brother for advice on how to handle problems? CIRCLE CODE IN TABLE

BROTHERS

a. Age	b. Contact	c. Emotional Support		d. Concrete Support		e. Advice	
ENTER BELOW	ENTER CODE	Y	N	Y	N	Y	N
		1	2	1	2	1	2
		1	2	1	2	1	2
		1	2	1	2	1	2
		1	2	1	2	1	2

16. Now I want to ask you about people who are good friends. They can be neighbors, people you knew when you were growing up, other relatives you are close to, or people you got to know some other way.

a. What are their first names? (I need their names so I can refer to them.)

PROBE FOR UP TO 4 NAMES AND ENTER IN TABLE BELOW.
ASK b - f FOR EACH FRIEND BEFORE GOING ON TO NEXT FRIEND

b. Is (NAME) male or female? CIRCLE CODE IN TABLE.

c. How often do you see, talk or write to (NAME)? ENTER CODE

Daily .... (1)
Once to several times a week .... (2)
Once or twice a month .... (3)
At least once a year .... (4)
Never .... (5) (GO TO NEXT PERSON OR BOX 4)

d. Is (NAME) someone you can rely on to provide emotional support by talking over your problems?
CIRCLE CODE IN TABLE

e. Can you count on (NAME) to help you out with money when you need it, or with work around the house?
CIRCLE CODE IN TABLE

f. Do you look to (NAME) for advice on how to handle problems?
CIRCLE CODE IN TABLE

GOOD FRIENDS

a. Names	b. Sex	c. Contact	d. Emotional Support	e. Concrete Support	f. Advice
ENTER NAMES BELOW	M F	ENTER CODE	Y N	Y N	Y N
1.	1 2		1 2	1 2	1 2
2.	1 2		1 2	1 2	1 2
3.	1 2		1 2	1 2	1 2
4.	1 2		1 2	1 2	1 2

BOX 4

REFER TO WORKSHEET, Q.3

RESPONDENT LIVING WITH SPOUSE OR PARTNER 1 (17)

RESPONDENT NOT LIVING WITH SPOUSE OR PARTNER 2 (20)

17. How much does your (husband/wife/partner) help out around the house? Would you say s/he helps very much, some, a little or not at all in. . .

	Very much	Some	Little	Not at all
a. taking care of the child(ren)?	1	2	3	4
b. providing money to pay household expenses?	1	2	3	4
c. shopping for food and household items?	1	2	3	4
d. disciplining the children?	1	2	3	4

18. Can you rely on your (husband/wife/partner) for **emotional support** by listening to you and helping you work out your problems?

YES 1
NO 2

19. Can you turn to your (husband/wife/partner) for **advice** on how to work out your problems?

YES 1
NO 2

20. Do you . . .

	Y	N
a. go to religious services at a church, mosque, temple or some other place of religious worship?	1	2
b. borrow books from a public library?	1	2
c. attend meetings at a community group, such as a tenants' association, or some other group that tries to do something for the community?	1	2
d. attend meetings of a support group of some kind	1	2
e. attend meetings of an organization of parents, such as the PTA or a pre-school organization?	1	2

21. In the past three months, have you had difficulty. . .

	Y	N
a. paying your rent?	1	2
b. paying your electric and heating bills?	1	2
c. buying food for your family?	1	2
d. buying clothes for your child(ren)?	1	2

22. In the past 3 months have you or someone else in your household. . .

	Y	N	NA
a. received food stamps?	1	2	-
b. been in a job training program?	1	2	-
c. been in WIC, the Women Infants and Children Supplemental Food Program?	1	2	-
d. gotten checks from AFDC?	1	2	-
e. had help with your rent from a voucher program?	1	2	-
f. received Social Security disability checks?	1	2	-
g. been in an alcoholism program?	1	2	-
h. been in a treatment program for drug addiction?	1	2	-
i. been in a marriage counseling program?	1	2	-
j. been in a community mental health program?	1	2	-
ASK k. IF CHILD(REN) BETWEEN 2 AND 5			
k. had a child in a Head Start or other pre-school program?	1	2	6

23. The next questions are about bringing up children.

(In the past 3 months. . . / Before the child(ren) (was/were) removed/left your home. . .)

		Y	N	NA
a.	have you sometimes lost your temper when your child(ren) got on your nerves?	1	2	-
b.	have you found that hitting your child(ren) was a good way to get (him/her/them) to listen?	1	2	-
c.	have you sometimes found yourself hitting your child(ren) harder than you really meant to?	1	2	-
d.	have things sometimes gotten out of control when you punished your child(ren)?	1	2	-
e.	have you praised your child(ren) for doing something really well?	1	2	-
f.	have you listened to music or done something else at home that was fun with your child(ren)?	1	2	-
g.	have you punished your child(ren) by tying (him/her/them) up with rope, cord, string or a belt?	1	2	-
h.	have you and the child(ren) gone to an amusement park, a pool, a picnic or a playground?	1	2	-

ASK ONLY FOR CHILDREN UNDER AGE 12

i.	have you sometimes felt uncomfortable when your child(ren) wanted to be hugged or held?	1	2	6

ASK ONLY FOR CHILDREN OVER 1 YEAR

j.	have you encouraged your child(ren) to read a book?	1	2	6
k.	[In the (past) 3 months/before the child(ren) (was/were) removed] have you had your child(ren) handle household chores on a regular basis?	1	2	6
l.	have you sometimes punished your child(ren) by not letting (him/her/them) into the house?	1	2	6
m.	have you punished your child(ren) for not finishing the food on (his/her/their) plate(s)?	1	2	6
n.	have you sometimes blamed your child(ren) for things that you realized were not really (his/her/their) fault?	1	2	6
o.	have you allowed the child(ren) to play where (he/she/they) were not supposed to?	1	2	6

24. [In the past three months/before the child(ren)] left your home. . .

	Y	N
a. did you need childcare on a regular basis?	1	2
b. were you sometimes unable to find someone to watch your child(ren) when you had to leave the house?	1	2
c. were you sometimes unable to take your child(ren) to see a doctor or nurse for getting shots, or when (he/she/they) were sick?	1	2
d. were you sometimes unable to take your child(ren) to a dentist for a dental problem?	1	2
e. Have you ever been without enough food to feed your children?	1	2
f. (Were/Was) your child(ren) hurt in any way while left in someone else's care?	1	2

25. All children have some problems that make you worry, but they also have some good qualities that make you proud.

Tell me whether (CHILD)/(any of the children you care for) . . .

	YES	NO, NONE	NOT APPLICABLE DUE TO AGE
a. Went through alcohol withdrawal when born?	1	2	-
b. Went through drug withdrawal when born?	1	2	-
c. Do(es)n't show much interest in what is going on?	1	2	-
d (Is/are) smaller and lighter in weight than other children (his/her/their) age(s)?	1	2	-
e. Get(s) upset easily?	1	2	-
IF NO CHILD OVER 3 MONTHS, CHECK HERE ☐ AND SKIP TO Q.26 BOX 5			
f. (Is/Are) funny and make(s) you laugh?	1	2	6
g. Like(s) to share things with other people?	1	2	6
h. Throw(s) tantrums?	1	2	6
i. (Is/are) shy and withdrawn?	1	2	-

	YES	NO, NONE	NOT APPLICABLE DUE TO AGE
j. (Is/are) outgoing and friendly?	1	2	-
k. (Is/are) good looking?	1	2	-
l. Fight(s) a lot with other kids?	1	2	6
m. (Has/have) language problems?	1	2	6

IF NO CHILD OVER AGE 4, CHECK HERE ☐ AND SKIP TO Q.26 BOX 6

n. (Is/are) very aggressive toward you?	1	2	-
o. (Has/have) a special talent in music?	1	2	-
p. Like(s) animals?	1	2	-
q. (Is/are) good at sports?	1	2	-
r. Can usually be counted on to do the right thing?	1	2	-
s. Hang(s) out with friends you don't care for?	1	2	-

The next questions are about events in the last three months

In the last three months [Has (CHILD)/Have any of the children]. . .	Y	N	NA	DK
t. Gone to church regularly?	1	2	-	8
u. Been absent from school a lot?	1	2	6	8
v. Run away from home overnight?	1	2	6	8
w. Been temporarily suspended from school?	1	2	6	8
x. Been expelled from school?	1	2	6	8
y. Taken care of younger children?	1	2	6	8
z. Taken something that didn't belong to (him/her/them)?	1	2	-	8
aa. Often been absent from school for no good reason?	1	2	6	8
bb. Received special education services at school?	1	2	6	8

	YES	NO. NONE	NOT APPLICABLE DUE TO AGE	DK
cc. Failed any classes?	1	2	6	8
dd. Received counseling?	1	2	6	8

IF NO CHILD OVER AGE 7, CHECK HERE ☐
AND SKIP TO Q.26 BOX 7

In the last three months. . .

	YES	NO. NONE	NOT APPLICABLE DUE TO AGE	DK
ee. [Has (CHILD)/Have any of the children age 8 or over] been arrested?	1	2	6	8

IF NO CHILD OVER AGE 10, CHECK HERE ☐
AND SKIP TO Q.26 BOX 8

In the last three months. . .

	YES	NO. NONE	NOT APPLICABLE DUE TO AGE	DK
ff. [Has (CHILD)/Have any of the children age 11 or over] had an alcohol problem?	1	2	6	8
gg. [Has (CHILD)/Have any of the children age 11 or over] had a drug problem?	1	2	6	8

IF NO GIRL OVER AGE 11, CHECK HERE ☐
AND SKIP TO Q.26 BOX 9

In the last three months. . .

	YES	NO. NONE	NOT APPLICABLE DUE TO AGE	DK
hh. [Has (GIRL AGE 12 TO 18)/Have any of the girls ages 12 to 18] been pregnant?	1	2	6	8

IF NO BOY OVER AGE 13, CHECK HERE ☐
AND SKIP TO Q.26 BOX 10

In the last three months. . .

	YES	NO. NONE	NOT APPLICABLE DUE TO AGE	DK
ii. [Has (BOY AGE 14 TO 18)/Have any of the boys ages 14 to 18] fathered a child?	1	2	6	8

And now some final questions

26. These questions are about the place in which you live. Has this happened in the past 3 months, for more than a day at a time?

		Y	N
a.	The electricity has not worked	1	2
b.	The plumbing has not worked (by that I mean the toilet, bath, or shower)	1	2
c.	Cooking appliances, such as the stove, or the range, have not worked	1	2
d.	Windows or doors were broken	1	2
e.	Electrical wiring was exposed	1	2
f.	A lot of paint was peeling	1	2
g.	The heating or air conditioning has not worked	1	2
h.	Your home was overcrowded, that is, not enough room for everyone to sleep or have some privacy	1	2
i.	There were not enough basic necessities such as chairs, tables, beds, cribs, mattresses, blankets, sheets, pots or dishes	1	2
j.	The building was unsafe because of illegal activities going on	1	2

REFER TO CASE INFORMATION FORM

27. We have been told that ______________________ has been assigned to visit and help
ENTER CASEWORKER NAME
your family on a regular basis. Is that correct?

YES	1	(28)
NO	2	(a)

a. Has (someone else/a caseworker) been assigned to your family?

YES	1	(b)
NO	2	(29)

b. What is that worker's name?

____
CASEWORKER NAME

28. About how many times in the past 2 weeks have you met with (WORKER NAME)?

|__|__|
# OF TIMES

361

29. Do you know how to drive?

YES	1	(a)
NO	2	(30)

a. Do you have a driver's license?

YES	1	(b)
NO	2	(30)

b. What is your driver's license number?

____________________ DRIVER'S LICENSE #

________ STATE

c. Do you have regular use of a car?

YES	1
NO	2

30. Please look at this card and tell me which of these amounts comes closest to your total household income from all sources for 1995. You can just tell me the letter.

HAND CARD

A.	LESS THAN $1,000	01
B.	$1,000 - $2,499	02
C.	$2,500 - $4,999	03
D.	$5,000 - $9,999	04
E.	$10,000 - $19,999	05
F.	$20,000 - $39,999	06
G.	$40,000 - $59,999	07
H.	$60,000 OR MORE	08

BOX 11

TEAR OUT PAGE 21 AND HAND TO RESPONDENT

SAY: We often read these next questions to respondents. would you like me to read them to you or would you prefer to read them to yourself?

QUESTIONS READ TO RESPONDENT	1	HAND CARD
RESPONDENT READ QUESTIONS	2	

WESTAT ID

Problems and Complaints

Below is a list of problems and complaints that people sometimes have. (Please read each one carefully.) After you have done so, check the box which best describes HOW MUCH THAT PROBLEM HAS BOTHERED OR DISTRESSED YOU DURING THE PAST WEEK, INCLUDING TODAY. Do not skip any items.

How much were you bothered by:

		Not at all	A little bit	Moderately	Quite a bit	Extremely
1.	Feeling low in energy or slowed down	☐ (0)	☐ (1)	☐ (2)	☐ (3)	☐ (4)
2.	Thoughts of ending your life	☐ (0)	☐ (1)	☐ (2)	☐ (3)	☐ (4)
3.	Loss of sexual interest or pleasure	☐ (0)	☐ (1)	☐ (2)	☐ (3)	☐ (4)
4.	Crying easily	☐ (0)	☐ (1)	☐ (2)	☐ (3)	☐ (4)
5.	Feeling of being trapped or caught	☐ (0)	☐ (1)	☐ (2)	☐ (3)	☐ (4)
6.	Blaming yourself for things	☐ (0)	☐ (1)	☐ (2)	☐ (3)	☐ (4)
7.	Feeling lonely	☐ (0)	☐ (1)	☐ (2)	☐ (3)	☐ (4)
8.	Feeling blue	☐ (0)	☐ (1)	☐ (2)	☐ (3)	☐ (4)
9.	Worrying too much about things	☐ (0)	☐ (1)	☐ (2)	☐ (3)	☐ (4)
10.	Feeling no interest in things	☐ (0)	☐ (1)	☐ (2)	☐ (3)	☐ (4)
11.	Feeling helpless about the future	☐ (0)	☐ (1)	☐ (2)	☐ (3)	☐ (4)
12.	Feeling everything is an effort	☐ (0)	☐ (1)	☐ (2)	☐ (3)	☐ (4)
13.	Feelings of worthlessness	☐ (0)	☐ (1)	☐ (2)	☐ (3)	☐ (4)

____
WESTAT ID

These are all the questions I have.

(i) HAND PAYMENT TO RESPONDENT AND OBTAIN SIGNED RECEIPT.

(ii) I'd like to make an appointment now to conduct the next interview with you during the 1st 2nd 3rd last week of _______________.
CIRCLE WEEK ENTER MONTH

What day of the week is most convenient? _______________.
DAY

At what time? __________ AM
PM

CONSULT CALENDAR. Then our appointment is for ______ / ______
MO DATE

I will send you a note to remind you shortly before that date.

Of course, you will again be paid at that time.

ENTER APPOINTMENT ON RECORD OF CALLS AND CALENDAR WHEN EDITING QUESTIONNAIRE.

(iii) I would like your phone number in case I have forgotten anything, or my office needs to call you back.

______/______-__________
Respondent's Phone number

Is this phone here in this household or somewhere else?

Here	1	(iv)
Elsewhere	2	(a)

a. Whose phone is this? And where does this person live?

____
FULL NAME

____
STREET

____
CITY OR TOWN STATE ZIP CODE

b. What is this person's relationship to you?

____
RELATIONSHIP TO RESPONDENT

(iv) Could you please give me the names of 2 close relatives or friends, living outside this household, who would always know where you can be reached (in case you move).

		____________ NAME	____________ NAME
(v)	How is (PERSON) related to you?	____________ RELATIONSHIP	____________ RELATIONSHIP
(vi)	What is (his/her) address?	____________ # STREET ____________ CITY STATE ZIP	____________ # STREET ____________ CITY STATE ZIP
(vii)	What is (his/her) phone number?	( ) ____________ area code	( ) ____________ area code

(viii) Are you planning to move?

YES .... 1 (a)
NO .... 2 (vii)

a. What will your new address be?

____
# STREET

____
CITY OR TOWN STATE ZIP CODE

DK 09

(ix) Could you also give me another address at which you can be contacted (such as a work address for instance)?

____
NAME

____
# STREET

____
CITY OR TOWN STATE ZIP CODE

____________ / ______________________________
AC PHONE #

Whose address and phone # is this? ____________________

IF WORK NAME AND PHONE NUMBER, ASK:
Is it all right to contact you there?

YES 1
NO 2

TIME: ______ **AM**
PM

THANK RESPONDENT AND MAKE SURE THIRD-PARTY LOCATOR LETTER(S) HAS/HAVE BEEN COMPLETED.

INTERVIEWER OBSERVATIONS

After leaving the household, please answer the following questions:

1. Was the home in generally good repair, that is no broken windows, no holes in the walls, peeling paint or exposed wiring?

Yes, home in good repair	1
No	2 (a)

a. Briefly describe the disrepair you noticed:

____

____

2. Was the electricity in working order?

Yes	1
No	2
Unable to tell	3

3. In general, did the child(ren) appear to be clean, well fed, and adequately cared for?

Yes	1
No	2 (a)
Did not see child(ren)	3

a. Briefly describe in what way the children appeared to lack adequate care?

____

____

4. Would you describe the street (or location) of the dwelling as generally safe or unsafe?

Safe	1
Unsafe	2 (a)

a. Why do you think it is unsafe?

____

____

______________________ Date Interview Completed

______________________ Interviewer Signature

INITIAL WORKSHEET

RESPONDENT'S MARITAL STATUS

COL G M D S W NM

EMPLOYMENT STATUS

		RESPONDENT (R)
COL I	EMPLOYED	1
	UNEMPLOYED, LOOKING FOR WORK	2
	UNEMPLOYED, NOT LOOKING FOR WORK	3

AGE, SEX, AND RESIDENCE OF CHILDREN UNDER 18

PERS # Col A		AGE Col D	SEX Col E		RESIDENCE Col J	
			M	F	HERE	ELSEWHERE
02	YOUNGEST CHILD	____	1	2	1	2
____	CHILD NEXT IN AGE	____	1	2	1	2
____	CHILD NEXT IN AGE	____	1	2	1	2
____	CHILD NEXT IN AGE	____	1	2	1	2
____	CHILD NEXT IN AGE	____	1	2	1	2
____	CHILD NEXT IN AGE	____	1	2	1	2
____	CHILD NEXT IN AGE	____	1	2	1	2
____	CHILD NEXT IN AGE	____	1	2	1	2

Q3 RESPONDENT CURRENTLY LIVING WITH SPOUSE OR PARTNER

YES 1
NO 2

Q13 PARENTS LIVING

MOTHER Y N
FATHER Y N

WESTAT ID

OMB No.: 0990-0210
Expiration Date: 04/30/99

NATIONAL EVALUATION OF FAMILY SERVICES

Caretaker Interview

INTERIM

PREPARED FOR:

THE ASSISTANT SECRETARY
FOR PLANNING AND EVALUATION (ASPE)
DEPARTMENT OF HEALTH & HUMAN SERVICES

PREPARED BY:

WESTAT, INC.
ROCKVILLE, MD

THE CHAPIN HALL CENTER
FOR CHILDREN
UNIVERSITY OF CHICAGO

JAMES BELL ASSOCIATES
ARLINGTON, VA

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TIME STARTED: ________ AM / PM

HOUSEHOLD ENUMERATION PAGE, (ROSTER) COLS A - F, COMPLETED AT INITIAL INTERVIEW

1. When we interviewed (you/RESPONDENT) on (DATE), we listed all the people who are members of this household (including the children who were not living here). I would like to review that list with you. As I read each name, please tell me whether the person is still a member of this household or not.

   a. READ NAMES IN COL B, AND ENTER P (PRESENT) OR A (ABSENT) IN MARGIN.

   b. RE-ASK QUESTIONS C - F FOR ANY PREVIOUSLY OMITTED ITEMS.

2. In addition to the child(ren) I mentioned, do any other children under 18 live here now?

   YES .... 1 (a)
   NO 2 (3)

   a. What (is/are) the child(ren)'s name(s)? ENTER NEW CHILDREN'S FIRST NAMES IN COL B ON NEXT AVAILABLE PERSON # LINE.

3. In addition to the adult(s) that I mentioned, do any other adults live here now, including any who may be temporarily away on vacation, in a hospital, in jail or prison, in an institution, or some other place?

   YES 1 (4)
   NO 2 (4a-c)

4. What (is/are) the adults' name(s)? ENTER NEW ADULTS' FIRST NAMES IN COL B ON NEXT AVAILABLE PERSON # LINE.

   a. LINE UP ROSTER WITH HOUSEHOLD ENUMERATION IN QUESTIONNAIRE

   b. FOR ALL FORMERLY PRESENT PERSONS IN THE HOUSEHOLD, ASK G - Z.

   c. FOR ALL NEWLY ADDED PERSONS, ASK C - Z.

PLACE COPY OF HHE ON THIS PAGE

HOUSEHOLD ENUMERATION TABLE

ASK ALL QUESTIONS FOR ONE PERSON BEFORE GOING TO NEXT PERSON.

G MARITAL STATUS OF PERSONS 16 OR OLDER	H. SCHOOLING		I. EMPLOYMENT STATUS OF PERSONS 16 OR OLDER	J. RESIDENCE OF ADULTS 18 OR OLDER	K. RESIDENCE OF CHILDREN UNDER 18	L. FOSTER CARE
(Are you/is PERSON) currently married, divorced, separated, widowed, or single and never married? M .... (1) D .... (2) S .... (3) W .... (4) NM .... (5) UNDER AGE 16 (6) **ENTER RESPONDENT'S MARITAL STATUS ON WORKSHEET**	a. (Does PERSON/ do you) attend any kind of school, or not? b. (HAND CARD) What level of school (has PERSON/have you) completed? NO SCHOOLING .. NS DAY CARE .... DC PRE-SCHOOL .... PS KINDERGARTEN KG 1-12 (ENTER # YRS COMPL.) ... 01-12 H.S. GRAD .... HG GED .... GD VOC'L SCHOOL .... VS UNGRADED SPEC'L. ED .... SE ATTEND COLL. .... AC COLLEGE GRAD. CG		(Is PERSON/are you) currently ... Employed .... (1) Unemployed and looking for work, or .... (2) Unemployed and not looking for work? .... (3) UNDER AGE 16 .... (6) **ENTER EMPLOYMENT STATUS OF R ON WORKSHEET**	Is (PERSON) ... Living here .... (0) Away at school ... (1) In the military ..... (2) In a hospital or institution ..... (3) In jail or prison ... (4) or Somewhere else (SPECIFY) .... (5) Is (PERSON) not a member of this household anymore? .... (6) UNDER AGE 18 .(7) **GO TO COL K ONLY FOR CHILDREN UNDER 18, ELSE NEXT PERSON OR BOX 1**	Does (CHILD) live here, or .... (1) somewhere else? .... (2) **ENTER ON WORKSHEET**	[Even though (CHILD) is living here] is this a foster care placement?
	a	b				
ENTER CODE	Y N	ENTER CODE	CIRCLE CODE	ENTER CODE	CIRCLE CODE	Y N
	1 2		1 2 3 6	________	1 2	1 2
	1 2		1 2 3 6	________	1 2	1 2
	1 2		1 2 3 6	________	1 2	1 2
	1 2		1 2 3 6	________	1 2	1 2
	1 2		1 2 3 6	________	1 2	1 2
	1 2		1 2 3 6	________	1 2	1 2
	1 2		1 2 3 6	________	1 2	1 2
	1 2		1 2 3 6	371 ________	1 2	1 2

M. CHILDREN UNDER 18 LIVING IN HOUSEHOLD	N. CHILDREN'S OTHER RESIDENCE	O. FOSTER CARE	P. CHILDREN UNDER 18 LIVING ELSEWHERE	Q. PLACEMENT DECISION	R. RESPONDENT AGREEMENT	S. CONTACT CHILDREN
FOR ALL CHILDREN CODED 1 IN K. ASK M-O: At any time since (DATE) has (CHILD) lived anywhere else but here? *NP=NEXT PERSON*	Where else has (CHILD) lived since (DATE) ... In a relative's home ....(1) With a non-relative ....(2) In an institution, or ....(3) Somewhere else? (SPECIFY) ....(4)	Was this a foster care placement? *NP=NEXT PERSON*	**FOR CHILDREN CODED 2 IN K. ASK P-Z:** Where does (CHILD) currently live ... In a relative's home ....(1) With a non-relative ....(2) In an institution, or ....(3) Somewhere else? (SPECIFY) .....(4) DK ....(8) **IF "DK" (CODE 8 CIRCLED), GO TO NEXT PERSON**	Did you put (CHILD) there or did someone else? RESPONDENT ... (1) SOMEONE ELSE .... (2) (SPECIFY WHO)	At the time, did you agree with the decision for (CHILD) to live somewhere else?	Are you in touch with (CHILD)?
Y N	CIRCLE CODE	Y N	ENTER CODE	CIRCLE CODE	Y N	Y N
1 2 (NP)	1 2 3 4 __________	1 2 (NP/BOX 1)	__________	1 2 (SPECIFY) __________	1 2	1 2 (V)
1 2 (NP)	1 2 3 4 __________	1 2 (NP/BOX 1)	__________	1 2 (SPECIFY) __________	1 2	1 2 (V)
1 2 (NP)	1 2 3 4 __________	1 2 (NP/BOX 1)	__________	1 2 (SPECIFY) __________	1 2	1 2 (V)
1 2 (NP)	1 2 3 4 __________	1 2 (NP/BOX 1)	__________	1 2 (SPECIFY) __________	1 2	1 2 (V)
1 2 (NP)	1 2 3 4 __________	1 2 (NP/BOX 1)	__________	1 2 (SPECIFY) __________	1 2	1 2 (V)
1 2 (NP)	1 2 3 4 __________	1 2 (NP/BOX 1)	__________	1 2 (SPECIFY) __________	1 2	1 2 (V)
1 2 (NP)	1 2 3 4 __________	1 2 (NP/BOX 1)	__________	1 2 (SPECIFY) __________	1 2	1 2 (V)
1 2 (NP)	1 2 3 4 __________	1 2 (NP/BOX 1)	__________	1 2 (SPECIFY) __________	1 2	1 2 (V)

AFTER LAST PERSON GO TO BOX 1

T. VISIT CHILD-(REN)	U. FREQUENCY OF VISITATION	V. PLACE OF VISITS	W. MISS CHILDREN	X. DESIRE REUNIFICATION	Y. EXPECT REUNIFICATION	Z. TIME UNTIL REUNIFICATION				
Do you regularly visit with (CHILD), or not?	About how often do you visit with (CHILD) ... Once a week or more ..... (1) 2 or 3 times a month ..... (2) Once a month ..... (3) or Less often than that? (SPECIFY) (4)	Where do these visits usually take place ... Foster home ..... (1) Your home ..... (2) Someone else's home ..... (3) Child Welfare office, or ..... (4) Somewhere else? ..... (5) (SPECIFY)	Do you miss (CHILD) ... Very much ..... (1) Somewhat, or ..... (2) Not at all? ..... (3)	Would you like (CHILD) to come and live with you? YES ..... (1) NO ..... (2) OTHER (SPECIFY) ..... (3)	Do you think (CHILD) will come and live with you? YES ..... (1) NO ..... (2) OTHER (SPECIFY) ..... (3) IF "NO" (CODE 2 CIRCLED), GO TO NEXT PERSON	When do you think that will happen?				
Y N	CIRCLE CODE	ENTER CODE	CIRCLE CODE	CIRCLE CODE	CIRCLE CODE		DAYS	WEEKS	MONTHS	DK
1 (U) 2 (W)	1 2 3 4 ________	________	1 2 3	1 2 3 (SPECIFY) ________	1 2 3 (SPECIFY) ________	__ __	1	2	3	8
1 (U) 2 (W)	1 2 3 4 ________	________	1 2 3	1 2 3 (SPECIFY) ________	1 2 3 (SPECIFY) ________	__ __	1	2	3	8
1 (U) 2 (W)	1 2 3 4 ________	________	1 2 3	1 2 3 (SPECIFY) ________	1 2 3 (SPECIFY) ________	__ __	1	2	3	8
1 (U) 2 (W)	1 2 3 4 ________	________	1 2 3	1 2 3 (SPECIFY) ________	1 2 3 (SPECIFY) ________	__ __	1	2	3	8
1 (U) 2 (W)	1 2 3 4 ________	________	1 2 3	1 2 3 (SPECIFY) ________	1 2 3 (SPECIFY) ________	__ __	1	2	3	8
1 (U) 2 (W)	1 2 3 4 ________	________	1 2 3	1 2 3 (SPECIFY) ________	1 2 3 (SPECIFY) ________	__ __	1	2	3	8
1 (U) 2 (W)	1 2 3 4 ________	________	1 2 3	1 2 3 (SPECIFY) ________	1 2 3 (SPECIFY) ________	__ __	1	2	3	8
1 (U) 2 (W)	1 2 3 4 ________	________	1 2 3	1 2 3 (SPECIFY) ________	1 2 3 (SPECIFY) ________	__ __	1	2	3	8

AFTER LAST PERSON GO TO BOX 1

BOX 1

REFER TO WORKSHEET. COL K

ALL CHILDREN LIVE HERE (CODE 1) 1 (6)

AT LEAST ONE CHILD LIVES ELSEWHERE (CODE 2) 2 (5)

IF ONLY ONE CHILD LIVING ELSEWHERE, CIRCLE 1 WITHOUT ASKING

5. Do the children living somewhere else all live in the same place?

YES 1 (6)
NO .... 2 (a)

a. In how many different places do the children live?

____
# DIFFERENT OUT-OF-HOME PLACES

REFER TO WORKSHEET COL G

6. You told me that you are currently (MARITAL STATUS). Are you currently living with (your husband/wife/someone as married)?

YES, LIVING WITH SPOUSE
OR PARTNER 1 (7)
NO 2 (8)

ENTER ON
WORKSHEET

7. Since (DATE), has your (husband/wife/partner) held a full time job for any period of time?

YES .... 1 (a)
NO 2 (8)

a. How long did (he/she) work at that job?

DAYS 1
______________ WEEKS 2
MONTHS 3

8. Since (DATE), have you held a full time job for any period of time?

YES .... 1 (a)
NO .... 2 (BOX 2)

a. How long did you work at that job?

DAYS 1
______________ WEEKS 2
MONTHS 3

BOX 2

RESPONDENT LIVES IN A RESIDENTIAL APARTMENT OR HOUSE	1	(9)
RESPONDENT LIVES SOMEWHERE ELSE, e.g., WELFARE HOTEL, SHELTER, etc.	2	(11)

9. Have you been living at your current address since (DATE)?

YES	1	(10)
NO	2	(a)

a. Including this address, at how many different places or addresses have you lived since (DATE)?

______ # OF PLACES

10. Is this (apartment/house) rented, or do you or someone else own it?

RENTED	1	(a)
OWNED	2	(b)

a. Is the (apartment/house) rented in your name or someone else's name?

RESPONDENT'S NAME	1	(11)
SOMEONE ELSE'S NAME	2	(c)
OTHER (SPECIFY) ______	3	(11)

b. Do you own this (apartment/house), or does someone else own it?

RESPONDENT OWNS	1	(11)
SOMEONE ELSE OWNS	2	(c)
OTHER (SPECIFY) ______	3	(11)

c. What is this person's relationship to you?

______ RELATIONSHIP TO RESPONDENT

11. Now I have some questions about how you and the child(ren) you care for (and the other people in the household) have been getting along since (DATE).

I'm going to read a list of things that sometimes happen to people. Tell me whether anything like this has happened to you or someone in your household since (DATE)?

		YES	NO
a.	Someone won a prize or received a special gift. Has something like that happened to you or someone in this household?	1	2
b.	Someone lost a job	1	2
c.	Someone was in a bad accident and got hurt	1	2
d.	Someone got married	1	2
e.	Someone was arrested for a crime and convicted	1	2
f.	Someone got a good job that pays well; has that happened to you or someone in this household?	1	2
g.	Someone got beaten up by someone outside the household?	1	2
h.	Someone had some property stolen	1	2
i.	Someone got a new appliance or some new furniture	1	2
j.	Someone fell in love with someone really nice	1	2
k.	Someone failed in school or at job training	1	2
l.	Someone whose opinion you care about praised you	1	2
m.	Someone became pregnant	1	2
n.	Someone got divorced or separated	1	2
o.	Someone got beaten up by another household member?	1	2

12. The next questions are about things that may have happened to you personally.

Since we last spoke to you on (DATE), have you . . .

		YES	NO	NA	
a.	gotten together with anyone to have fun or relax?	1	2	-	
b.	had any health problems that made it hard for you to take care of your child(ren)?	1	2	-	
c.	felt blue or depressed?	1	2	-	
d.	had too much to drink several times a week?	1	2	-	
e.	used drugs several times a week?	1	2	-	
f.	felt nervous or tense?	1	2	-	
g.	gotten in trouble with the law?	1	2	-	
h.	felt you had few or no friends?	1	2	-	
i.	felt happy?	1	2	-	
j.	felt you just didn't have enough money for food, rent or clothing?	1	2	-	
k.	had frequent fights and arguments with your (husband/wife/partner)?	1	2	6	NO SPOUSE OR PARTNER
l.	felt overwhelmed with work or family responsibilities?	1	2	-	
m.	just wanted to give up?	1	2	-	
n.	felt that considering everything you're doing a pretty good job raising your kid(s)?	1	2	-	

Now I have some questions about your family and friends with whom you keep in touch.

REVIEW INITIAL WORKSHEET

- IF ONE PARENT DECEASED OR UNKNOWN AT INITIAL INTERVIEW, CHECK BOX ☐ AND ASK ABOUT OTHER PARENT.
- IF BOTH PARENTS DECEASED OR UNKNOWN AT INITIAL INTERVIEW, CHECK BOX ☐ AND GO TO Q14.

13. Lets start with your (mother/father/parents).

A. MOTHER

a. These days, how often do you see, talk or write to your mother? Would you say. . .

daily	1	
once to several times a week	2	
once or twice a month	3	
at least once a year, or	4	
never?	5	} (B OR 14)
DECEASED	6	

b. Is your mother someone you can rely on to provide emotional support by talking over your problems with her?

YES	1
NO	2

c. Can you count on your mother to help you out with money when you need it, or with work around the house?

YES	1
NO	2

d. Do you look to your mother for advice on how to handle problems?

YES	1	} (B OR 14)
NO	2	

B. FATHER

e. These days, how often do you see, talk or write to your father? Would you say. .

daily	1	
once to several times a week	2	
once or twice a month	3	
at least once a year, or	4	
never?	5	} (14)
DECEASED	6	

f. Is your father someone you can rely on to provide emotional support by talking over your problems with him?

YES	1
NO	2

g. Can you count on your father to help you out with money when you need it, or with work around the house?

YES	1
NO	2

h. Do you look to your father for advice on how to handle problems?

YES	1
NO	2

14. Do you have any sisters who are over 18? (Please include any step- or half-sisters). How many?

YES, ________________ 1
ENTER # SISTERS
NO SISTERS 2 (15)

Let's start with your (youngest) sister over 18.

a. How old is she? (And how old is your sister who is next in age)?
REPEAT FOR ALL LIVING SISTERS.

ENTER AGE(S) IN TABLE UNDER **SISTERS**.

ASK b - c FOR EACH SISTER AND ENTER IN TABLE BELOW.

b. These days, how often do you see, talk or write to your sister who is (NUMBER) years old. . .
ENTER CODE.

daily, ... (1)
once to several times a week, ... (2)
once or twice a month, ... (3)
at least once a year, or .... (4)
never? .... (5) } (GO TO NEXT
DECEASED .... (6) } SISTER, OR 15)

c. Is this sister someone you can rely on to provide emotional support by talking over your problems? CIRCLE CODE IN TABLE

d. Can you count on this sister to help you out with money when you need it, or with work around the house? CIRCLE CODE IN TABLE

e. Do you look to this sister for advice on how to handle problems?
CIRCLE CODE IN TABLE

SISTERS

a. Age	b. Contact	c. Emotional Support		d. Concrete Support		e. Advice	
ENTER BELOW	ENTER CODE	Y	N	Y	N	Y	N
		1	2	1	2	1	2
		1	2	1	2	1	2
		1	2	1	2	1	2
		1	2	1	2	1	2

15. Do you have any brothers who are over 18? (Please include any step- or half-brothers). How many?

YES, ______________ 1
ENTER # BROTHERS
NO BROTHERS 2 (16)

a. And, how old is your (youngest) brother? (How old is your brother who is next in age)? REPEAT FOR ALL LIVING BROTHERS.

ENTER AGE(S) IN TABLE UNDER **BROTHERS**.

ASK b - e FOR EACH BROTHER AND ENTER IN TABLE BELOW.

b. These days, how often do you see, talk or write to your brother who is (NUMBER) years old. . .
ENTER CODE.

daily, ... (1)
once to several times a week, ... (2)
once or twice a month, ... (3)
at least once a year, or .... (4)
never? .... (5) } (GO TO NEXT
DECEASED .... (6) } BROTHER, OR 16)

c. Is this brother someone you can rely on to provide emotional support by talking over your problems? CIRCLE CODE IN TABLE

d. Can you count on this brother to help you out with money when you need it, or with work around the house? CIRCLE CODE IN TABLE

e. Do you look to this brother for advice on how to handle problems?
CIRCLE CODE IN TABLE

BROTHERS

a. Age	b. Contact	c. Emotional Support		d. Concrete Support		e. Advice	
ENTER BELOW	ENTER CODE	Y	N	Y	N	Y	N
		1	2	1	2	1	2
		1	2	1	2	1	2
		1	2	1	2	1	2
		1	2	1	2	1	2

16. Now I want to ask you about people who are good friends. They can be neighbors, people you knew when you were growing up, other relatives, or people you got to know some other way.

a. What are their first names? (I need their names so I can refer to them.)

PROBE FOR UP TO 4 NAMES AND ENTER IN TABLE BELOW.
ASK b - f FOR EACH FRIEND BEFORE GOING ON TO NEXT FRIEND.

b. Is (NAME) male or female? CIRCLE CODE IN TABLE.

c. How often do you see, talk or write to (NAME)? ENTER CODE

Daily	(1)	
Once to several times a week	(2)	
Once or twice a month	(3)	
At least once a year	(4)	
Never	(5)	(GO TO NEXT PERSON OR BOX 3)

d. Is (NAME) someone you can rely on to provide emotional support by talking over your problems?
CIRCLE CODE IN TABLE

e. Can you count on (NAME) to help you out with money when you need it, or with work around the house?
CIRCLE CODE IN TABLE

f. Do you look to (NAME) for advice on how to handle problems?
CIRCLE CODE IN TABLE

GOOD FRIENDS

a. Names	b. Sex	c. Contact	d. Emotional Support	e. Concrete Support	f. Advice
ENTER NAMES BELOW	M F	ENTER CODE	Y N	Y N	Y N
1.	1 2		1 2	1 2	1 2
2.	1 2		1 2	1 2	1 2
3.	1 2		1 2	1 2	1 2
4.	1 2		1 2	1 2	1 2

BOX 3

REFER TO WORKSHEET, Q.6

RESPONDENT LIVING WITH SPOUSE OR PARTNER	1	(17)
RESPONDENT NOT LIVING WITH SPOUSE OR PARTNER	2	(20)

17. These days, how much does your (husband/wife/partner) help out around the house? Would you say s/he helps very much, some, a little or not at all in. . .

	VERY MUCH	SOME	LITTLE	NOT AT ALL
a. taking care of the child(ren)?	1	2	3	4
b. providing money to pay household expenses?	1	2	3	4
c. shopping for food and household items?	1	2	3	4
d. disciplining the children?	1	2	3	4

18. Can you rely on your (husband/wife/partner) for **emotional support** by listening to you and helping you work out your problems?

YES	1
NO	2

19. Can you turn to your (husband/wife/partner) for **advice** on how to work out your problems?

YES	1
NO	2

20. These days, do you. . .

	Y	N
a. go to religious services at a church, mosque, temple or some other place of religious worship?	1	2
b. borrow books from a public library?	1	2
c. attend meetings of a community group, such as a tenants' association, or some other group that tries to do something for the community?	1	2
d. attend meetings of a support group of some kind	1	2
e. attend meetings of an organization of parents, such as the PTA or a pre-school organization?	1	2

21. Since (DATE), have you had difficulty. . .

	Y	N
a. paying your rent?	1	2
b. paying your electric and heating bills?	1	2
c. buying enough food for your family?	1	2
d. buying clothes for your child(ren)?	1	2

22. Since (DATE), have you or someone else in your household. . .

	Y	N	NA
a. received food stamps?	1	2	-
b. been in a job training program?	1	2	-
c. been in WIC, the Women Infants and Children Supplemental Food Program?	1	2	-
d. gotten checks from AFDC?	1	2	-
e. had help with your rent from a voucher program?	1	2	-
f. received Social Security disability checks?	1	2	-
g. been in an alcoholism program?	1	2	-
h. been in a treatment program for drug addiction?	1	2	-
i. been in a marriage counseling program?	1	2	-
j. been in a community mental health program?	1	2	-
ASK k. IF CHILD(REN) BETWEEN 2 AND 5			
k. had a child in a Head Start or other pre-school program?	1	2	6

23. Since (DATE), did you or anyone in the household receive the following services?

	Y	N
a. Daycare	1	2
b. Help in finding a place to live	1	2
c. Staying at an emergency shelter	1	2
d. Medical or dental care	1	2
e. Transportation	1	2
f. Educational services, including GED classes	1	2
g. Parenting education or training classes	1	2
h. Legal services	1	2
i. Counseling	1	2
j. Respite care	1	2
k. Homemaker services	1	2
l. A parent aide to help you	1	2

24. The next questions are about bringing up child(ren).

(In the past 3 months. . . / Before the child(ren) (was/were) removed/left home. . .)

	Y	N	NA
a. have you sometimes lost your temper when your child(ren) got on your nerves?	1	2	-
b. have you found that hitting your child(ren) was a good way to get (him/her/them) to listen?	1	2	-
c. have you sometimes found yourself hitting your child(ren) harder than you really meant to?	1	2	-
d. have things sometimes gotten out of control when you punished your child(ren)?	1	2	-
e. have you praised your child(ren) for doing something really well?	1	2	-
f. have you listened to music or done something else at home that was fun with your child(ren)?	1	2	-
g. have you punished your child(ren) by tying (him/her/them) up with rope, cord, string or a belt?	1	2	-
h. have you and the child(ren) gone to an amusement park, a pool, a picnic or a playground?	1	2	-
ASK ONLY FOR CHILDREN UNDER AGE 12			
i. have you sometimes felt uncomfortable when your child(ren) wanted to be hugged or held?	1	2	6
ASK ONLY FOR CHILDREN OVER 1 YEAR			
j. have you encouraged your child(ren) to read a book?	1	2	6
k. [In the (past) 3 months/before the child(ren) (was/were) removed] have you had your child(ren) handle household chores on a regular basis?	1	2	6
l. have you sometimes punished your child(ren) by not letting (him/her/them) into the house?	1	2	6
m. have you punished your child(ren) for not finishing the food on (his/her/their) plate(s)?	1	2	6
n. have you sometimes blamed your child(ren) for things that you realized were not really (his/her/their) fault?	1	2	6
o. have you allowed the child(ren) to play where (he/she/they) were not supposed to?	1	2	6

25. Since we last spoke to you on (DATE). . .

	Y	N	NA
a. Did you need childcare on a regular basis?	1	2	-
b. Were you sometimes unable to find someone to watch your child(ren) when you had to leave the house?	1	2	-
c. Were you sometimes unable to take your child(ren) to see a doctor or nurse for getting shots, or when they were sick?	1	2	-
d. Were you sometimes unable to take your child(ren) to a dentist for a dental problem?	1	2	6
e. Have you ever been without enough food to feed your children?	1	2	-
f. (Were/Was) your child(ren) hurt in any way while left in someone else's care?	1	2	-

26. All children have some problems that make you worry, but they also have some good qualities that make you proud.

Tell me whether (CHILD)/(any of the children). . .

ASK a & b ONLY IF NEWBORN IN HOUSEHOLD SINCE INITIAL INTERVIEW. ELSE GO TO c.

	YES	NO, NONE	NOT APPLICABLE DUE TO AGE
a. Went through alcohol withdrawal when born?	1	2	-
b. Went through drug withdrawal when born?	1	2	-
c. Do(es)n't show much interest in what is going on?	1	2	-
d (Is/are) smaller and lighter than other children (his/her/their) age(s)?	1	2	-
e. Get(s) upset easily?	1	2	-

IF NO CHILD OVER 3 MONTHS, CHECK HERE ☐ AND SKIP TO Q.27
BOX 5

f. (Is/Are) funny and make(s) you laugh?	1	2	6
g. Like(s) to share things with other people?	1	2	6
h. Throw(s) tantrums?	1	2	6
i. (Is/are) shy and withdrawn?	1	2	6
j. (Is/are) outgoing and friendly?	1	2	6
k. (Is/are) good looking?	1	2	6

	YES	NO, NONE	NOT APPLICABLE DUE TO AGE
l. Fight(s) a lot with other kids?	1	2	6
m. (Has/have) language problems?	1	2	6

IF NO CHILD OVER AGE 4, CHECK HERE ☐ AND SKIP TO Q.27
BOX 6

	YES	NO, NONE	NOT APPLICABLE DUE TO AGE
n. (Is/are) very aggressive toward you?	1	2	-
o. (Has/have) a special talent in music?	1	2	-
p. Like(s) animals?	1	2	-
q. (Is/are) good at sports?	1	2	-
r. Can usually be counted on to do the right thing?	1	2	-
s. Hang(s) out with friends you don't care for?	1	2	-

The next questions are about events since (DATE)

Since (DATE) [Has (CHILD)/Have any of the children]. . .	Y	N	NA	DK
t. Gone to church regularly?	1	2	-	8
u. Been absent from school a lot?	1	2	-	8
v. Run away from home overnight?	1	2	-	8
w. Been temporarily suspended from school?	1	2	-	8
x. Been expelled from school?	1	2	-	8
y. Taken care of younger children?	1	2	-	8
z. Taken something that didn't belong to (him/her/them)?	1	2	-	8
aa. Often been absent from school for no good reason?	1	2	-	8
bb. Received special education services at school?	1	2	-	8
cc. Failed any classes?	1	2	-	8
dd. Received counseling?	1	2	-	8

	Yes	No. None	NOT APPLICABLE DUE TO AGE	DK
IF NO CHILD OVER AGE 7, CHECK HERE ☐ AND SKIP TO Q27 BOX 7				
Since (DATE). . .				
ee. [Has (CHILD)/Have any of the children age 8 or over] been arrested?	1	2	6	8
IF NO CHILD OVER AGE 10, CHECK HERE ☐ AND SKIP TO Q27 BOX 8				
Since (DATE). . .				
ff. [Has (CHILD)/Have any of the children age 11 or over] had an alcohol problem?	1	2	6	8
gg. [Has (CHILD)/Have any of the children age 11 or over] had a drug problem?	1	2	6	8
IF NO GIRL OVER AGE 11, CHECK HERE ☐ AND SKIP TO Q27 BOX 9				
Since (DATE). . .				
hh. [Has (GIRL AGE 12 TO 18)/Have any of the girls ages 12 to 18] been pregnant?	1	2	6	8
IF NO BOY OVER AGE 13, CHECK HERE ☐ AND SKIP TO Q27 BOX 10				
Since (DATE). . .				
ii. [Has (BOY AGE 14 TO 18)/Have any of the boys ages 14 to 18] fathered a child?	1	2	6	8

REFER TO CASE INFORMATION FORM

27. When last we spoke with you, ____________________ from (AGENCY) had been assigned
ENTER CASEWORKER NAME
to visit and help your family on a regular basis. Is (CASEWORKER) still working with your family?

YES	1	(28)
NO	2	(a)
DON'T KNOW/NOT SURE	8	

a. Did (AGENCY) ever stop working with your family and later start again?

YES	1	(b)
NO	2	(28)

b. How long ago did (AGENCY) stop working with your family?

______	DAYS	1
#	WEEKS	2
	MONTHS	3

c. Has someone else been assigned to your family?

YES	1	(d)
NO	2	(28)

d. What is that worker's name?

____
CASEWORKER NAME

28. Has (CASEWORKER) been the only caseworker who helped your family or have there been others as well?

ONLY ONE CASEWORKER	1	(29)
MORE THAN ONE CASEWORKER	2	(a)

a. How many caseworkers have helped you?

______
#

29. How long ago were you last visited by a caseworker from (AGENCY)?

______	DAYS	1
#	WEEKS	2
	MONTHS	3

30. When the social worker from (AGENCY) (would) visit(s) (are/were) you the person the worker mainly work(s/ed) with, or did s/he mainly work with someone else, other than the child(ren)?

RESPONDENT	1	(31)
SOMEONE ELSE	2	(a)

a. With whom (did/does) the worker mainly work?

____
NAME AND RELATIONSHIP TO YOUNGEST FOCAL CHILD

____
ADDRESS IF NOT IN HOUSEHOLD

31. Since (DATE), about how many times did you meet with the caseworker(s)?

____
# OF TIMES

a. How often did you meet with the caseworker(s) . . . (READ CATEGORIES)

	Always	Sometimes	or Never?
In your home	1	2	3
In the agency office	1	2	3
Some other place	1	2	3

32. Did the (AGENCY) ever send a homemaker or parent aide to your home to help with housekeeping or to provide help with child care?

YES	1	(a)
NO	2	(33)

a. How many times did homemaker or parent aide come to your home?

____
# OF TIMES

33. Since we last spoke to you, (has/have) the caseworker(s) assigned to your family. . .

		Y	N
a.	Helped with money to pay the rent, electricity, or phone?	1	2
b.	Helped with money for other things you needed?	1	2
c.	Provided transportation to some place you had to go, such as a medical appointment or the welfare office?	1	2
d.	Discussed the proper feeding of children with you?	1	2
e.	Talked with you about how to discipline children?	1	2
f.	Talked with you about how to handle relations with your (husband/wife/partner)?	1	2
g.	Helped you clean your house or put things in order?	1	2
h.	Helped with painting or house repairs?	1	2
i.	Discussed with you how to get childcare?	1	2
j.	Helped with your welfare or food stamp benefits?	1	2
k.	Advised you on how to get medical care for your child(ren)?	1	2
l.	Talked with you about how to handle strong feelings such as anger and hatred?	1	2
m.	Advised you on how to get help for drinking or drug problems?	1	2
n.	Discussed with you how to get a better place to live?	1	2
o.	Advised you about job training programs?	1	2
p.	Talked with you about how to get a paying job?	1	2
q.	Advised you on how to continue your schooling?	1	2
r.	Arranged for someone to come in your house and take care of your children for a while to give you some rest from child care?	1	2
s.	Told you about other agencies that offered services you or your family might need?	1	2

IF ANY ITEM(S) CIRCLED YES IN Q.33, ASK Q.34. ELSE GO TO Q.35.

34. You mentioned that the worker (READ ITEMS CIRCLED YES IN Q.33). Which of these services or advice do you think were especially helpful to you? PROBE: What else was helpful?

CIRCLE ALL LETTERS MENTIONED

a b c d e f g h i j
k l m n o p q r s

35. Were there any services you felt you needed, that you did not get?

YES	1	(a)
NO	2	

a. What services were those? Any others?

SERVICES NOT PROVIDED

____

____

____

____

36. When the worker(s) talked with you, do you feel (s/he/they) listened to your concerns. . .

Most of the time	1
Some of the time, or	2
Not very often?	3

37. Do you feel your worker(s) understood your situation. . .

Very well, or	1
Not very well?	2

38. Did you and your worker(s) agree on goals for you to meet. . .

Most of the time	1	(a)
Some of the time, or	2	
Not very often?	3	(39)

a. Do you think the goals you agreed upon have been generally accomplished, or not?

YES, ACCOMPLISHED	1
NO	2

39. Do you think you saw your caseworker. . .

More often than you wanted to	1
As often as you wanted to, or	2
Not often enough?	3

40. Did you ever call your caseworker when you had a problem?

YES	1
NO	2

41. Did your caseworker sometimes talk with you about issues that were not easy to talk about?

YES	1
NO	2

42. a. Did your caseworker help you to see your good qualities?

YES	1
NO	2

b. Did your caseworker help you to see your problems?

YES	1
NO	2

And now some final questions

43. These questions are about the place in which you live. Has this happened since (DATE) for more than a day at a time?

		Y	N
a.	The electricity did not work	1	2
b.	The plumbing did not work (by that I mean the toilet, bath, or shower)	1	2
c.	Cooking appliances, such as the stove, or the range, did not work	1	2
d.	Broken windows or doors were not fixed	1	2
e.	There were bare electric wires	1	2
f.	A lot of paint was peeling	1	2
g.	The heating/air conditioning has not worked	1	2
h.	Your home was overcrowded, that is, not enough room for everyone to sleep or have some privacy	1	2
i.	There were not enough basic necessities such as chairs, tables, beds, cribs, mattresses, or not enough basic necessities such as blankets, sheets, pots or dishes	1	2
j.	The building was unsafe because of illegal activities going on	1	2

44. Since (DATE), all in all, do you think there has been great improvement in your family life, some improvement, things have been just the same, things have gotten somewhat worse, or have they gotten a great deal worse?

GREAT IMPROVEMENT	1
SOME IMPROVEMENT	2
JUST THE SAME	3
SOMEWHAT WORSE	4
A GREAT DEAL WORSE	5

a. In what way? ______________________________

45. a. Do you know how to drive?

YES	1	(a)
NO	2	(46)

b. Do you have a driver's license?

YES	1	(b)
NO	2	(46)

c. What is your driver's license number?

DRIVER'S LICENSE # ________________ STATE ________

d. Do you have regular use of a car?

YES	1
NO	2

46. Please look at this card and tell me which of these amounts comes closest to your total household income from all sources for 1995. You can just tell me the letter.

HAND CARD

A.	LESS THAN $1,000	01
B.	$1,000 - $2,499	02
C.	$2,500 - $4,999	03
D.	$5,000 - $9,999	04
E.	$10,000 - $19,999	05
F.	$20,000 - $39,999	06
G.	$40,000 - $59,999	07
H.	$60,000 OR MORE	08

BOX 11

TEAR OUT PAGE 26 AND HAND TO RESPONDENT

SAY: We often read these next questions to respondents, would you like me to read them to you or would you prefer to read them to yourself?

QUESTIONS READ TO RESPONDENT	1	HAND CARD
RESPONDENT READ QUESTIONS	2	

____
Westat ID

Problems and Complaints

Below is a list of problems and complaints that people sometimes have. (Please read each one carefully.) After you have done so, check the box which best describes HOW MUCH THAT PROBLEM HAS BOTHERED OR DISTRESSED YOU DURING THE PAST WEEK, INCLUDING TODAY. Do not skip any items.

How much were you bothered by:

		Not at all	A little bit	Moderately	Quite a bit	Extremely
1.	Feeling low in energy or slowed down	☐ (0)	☐ (1)	☐ (2)	☐ (3)	☐ (4)
2.	Thoughts of ending your life	☐ (0)	☐ (1)	☐ (2)	☐ (3)	☐ (4)
3.	Loss of sexual interest or pleasure	☐ (0)	☐ (1)	☐ (2)	☐ (3)	☐ (4)
4.	Crying easily	☐ (0)	☐ (1)	☐ (2)	☐ (3)	☐ (4)
5.	Feeling of being trapped or caught	☐ (0)	☐ (1)	☐ (2)	☐ (3)	☐ (4)
6.	Blaming yourself for things	☐ (0)	☐ (1)	☐ (2)	☐ (3)	☐ (4)
7.	Feeling lonely	☐ (0)	☐ (1)	☐ (2)	☐ (3)	☐ (4)
8.	Feeling blue	☐ (0)	☐ (1)	☐ (2)	☐ (3)	☐ (4)
9.	Worrying too much about things	☐ (0)	☐ (1)	☐ (2)	☐ (3)	☐ (4)
10.	Feeling no interest in things	☐ (0)	☐ (1)	☐ (2)	☐ (3)	☐ (4)
11.	Feeling helpless about the future	☐ (0)	☐ (1)	☐ (2)	☐ (3)	☐ (4)
12.	Feeling everything is an effort	☐ (0)	☐ (1)	☐ (2)	☐ (3)	☐ (4)
13.	Feelings of worthlessness	☐ (0)	☐ (1)	☐ (2)	☐ (3)	☐ (4)

____
Westat ID

These are all the questions I have.

HAND PAYMENT TO RESPONDENT AND OBTAIN SIGNED RECEIPT.

We will want to speak to you one more time, in about 9 or 10 months. Here is a card and a postage-paid envelope. In case you move please send us your new address and phone number, so we can get in touch with you. Also, please call us at the 800 number on the card. We will, of course, again pay you.

(i) And now I would like your phone number in case I have forgotten anything, and I or my office need to call you back.

________/________-____________
Respondent's Phone number

Is this phone here in this household or somewhere else?

HERE .... 1 (ii)
ELSEWHERE .... 2 (a)

a. Whose phone is this? And where does this person live?

____
FULL NAME

____
STREET

____
CITY OR TOWN STATE ZIP CODE

b. What is this person's relationship to you?

____
RELATIONSHIP TO RESPONDENT

(ii) Could you please give me the names of 2 close relatives or friends, living outside this household, who would always know where you can be reached (in case you move)?

		____________________ NAME	____________________ NAME
(iii)	How is (PERSON) related to you?	____________________ RELATIONSHIP	____________________ RELATIONSHIP
(iv)	What is (his/her) address?	____________________ # STREET ____________________ CITY STATE ZIP	____________________ # STREET ____________________ CITY STATE ZIP
(v)	What is (his/her) phone number?	(______) ______________ area code	(______) ______________ area code

____
Westat ID

(vi) Are you planning to move?

YES	1	(a)
NO	2	(vii)

a. Do you know what your new address will be?

YES	1	(b)
NO	2	(vii)

b. What will your new address be?

____
# STREET

____
CITY OR TOWN STATE ZIP CODE

DK 09

(vii) Could you also give me any other addresses at which you can be contacted (such as a work address for instance)?

____
NAME

____
# STREET

____
CITY OR TOWN STATE ZIP CODE

____
/
AC PHONE #

Whose address and phone # is this? ________________________

IF WORK NAME AND PHONE NUMBER, ASK:
Is it all right to contact you there?

YES	1
NO	2

TIME ENDED: ________ AM PM

THANK RESPONDENT AND END INTERVIEW.

INTERVIEWER OBSERVATIONS

After leaving the household, please answer the following questions to the best of your ability:

1. Was the home in generally good repair, that is no broken windows, no holes in the walls, peeling paint or exposed wiring?

Yes, home in good repair	1
No	2 (a)

a. Briefly describe the disrepair you noticed:

____

____

2. Was the electricity in working order?

Yes	1
No	2
Unable to tell	3

3. In general, did the child(ren) appear to be clean, well fed, and adequately cared for?

Yes	1
No	2 (a)
Did not see child(ren)	3

a. Briefly describe in what way the children appeared to lack adequate care?

____

____

4. Would you describe the street (or location) of the dwelling as generally safe or unsafe?

Safe	1
Unsafe	2 (a)

a. Why do you think it is unsafe?

____

____

____
Interviewer Signature

____
Date Interview Completed

INTERIM WORKSHEET

RESPONDENT'S MARITAL STATUS

COL G	M	D	S	W	NM

EMPLOYMENT STATUS

		RESPONDENT (R)
COL I	EMPLOYED	1
	UNEMPLOYED, LOOKING FOR WORK	2
	UNEMPLOYED, NOT LOOKING FOR WORK	3

AGE, SEX, AND RESIDENCE OF CHILDREN UNDER 18

PERS # Col A		AGE Col D	SEX Col E		RESIDENCE Col K	
			M	F	HERE	ELSEWHERE
02	YOUNGEST CHILD	_____	1	2	1	2
____	CHILD NEXT IN AGE	_____	1	2	1	2
____	CHILD NEXT IN AGE	_____	1	2	1	2
____	CHILD NEXT IN AGE	_____	1	2	1	2
____	CHILD NEXT IN AGE	_____	1	2	1	2
____	CHILD NEXT IN AGE	_____	1	2	1	2
____	CHILD NEXT IN AGE	_____	1	2	1	2
____	CHILD NEXT IN AGE	_____	1	2	1	2

RESPONDENT LIVING WITH SPOUSE OR PARTNER

Q.6	YES	1
	NO	2

DATE OF INITIAL INTERVIEW _____/_____/_____
MO DAY YR

DATE OF INTERIM INTERVIEW _____/_____/_____
MO DAY YR

WESTAT ID

OMB No.: 0990-0210
Expiration Date: 04/30/99

NATIONAL EVALUATION OF FAMILY SERVICES

Caretaker Interview

FINAL INTERVIEW

PREPARED FOR:

THE ASSISTANT SECRETARY
FOR PLANNING AND EVALUATION (ASPE)
DEPARTMENT OF HEALTH & HUMAN SERVICES

PREPARED BY:

WESTAT, INC.
ROCKVILLE, MD

THE CHAPIN HALL CENTER
FOR CHILDREN
UNIVERSITY OF CHICAGO

JAMES BELL ASSOCIATES
ARLINGTON, VA

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BEST COPY AVAILABLE

TIME STARTED: ________ AM / PM

HOUSEHOLD ENUMERATION PAGE, (ROSTER) COLS A - F, COMPLETED AT INITIAL INTERVIEW

(NOTE: IF NO HHE EXISTS, OMIT INTRODUCTION AND Q's 1-4. AND ADMINISTER COLS A-F OF ROSTER).

I will be asking you some questions about how things are going now and also some questions about the recent past.

When I ask about the past, please think about the time since (DATE) which is [# (DAYS/WEEKS) (BEFORE/AFTER) KEY EVENT IN 199__]. (SHOW DATE ON CALENDAR CARD TO RESPONDENT).

1. When we interviewed (you/RESPONDENT) on (DATE), we listed all the people who are members of this household (including the children who were not living here). I would like to review that list with you. As I read each name, please tell me whether the person is still a member of this household or not.

   a. READ NAMES IN COL B, AND ENTER P (PRESENT) OR A (ABSENT) IN MARGIN.

   b. RE-ASK QUESTIONS C - F FOR ANY PREVIOUSLY OMITTED ITEMS.

2. In addition to the child(ren) I mentioned, do any other children under 18 live here now?

   YES .... 1 (a)
   NO 2 (3)

   a. What (is/are) the child(ren)'s name(s)? ENTER NEW CHILDREN'S FIRST NAMES IN COL B ON NEXT AVAILABLE PERSON # LINE.

3. In addition to the adult(s) that I mentioned, do any other adults live here now, including any who may be temporarily away on vacation, in a hospital, in jail or prison, in an institution, or some other place?

   YES 1 (4)
   NO 2 (4a-c)

4. What (is/are) the adults' name(s)? ENTER NEW ADULTS' FIRST NAMES IN COL B ON NEXT AVAILABLE PERSON # LINE.

   a. LINE UP ROSTER WITH HOUSEHOLD ENUMERATION IN QUESTIONNAIRE

   b. FOR ALL FORMERLY PRESENT PERSONS IN THE HOUSEHOLD, ASK G - Z.

   c. FOR ALL NEWLY ADDED PERSONS, ASK C - Z.

HOUSEHOLD ENUMERATION TABLE

ASK ALL QUESTIONS FOR ONE PERSON BEFORE GOING TO NEXT PERSON.

G. MARITAL STATUS OF PERSONS 16 OR OLDER	H. SCHOOLING		I. EMPLOYMENT STATUS OF PERSONS 16 OR OLDER	J. RESIDENCE OF ADULTS 18 OR OLDER	K. RESIDENCE OF CHILDREN UNDER 18	L. FOSTER CARE
(Are you/is PERSON) currently married, divorced, separated, widowed, or single and never married? M .... (1) D .... (2) S .... (3) W .... (4) NM .... (5) UNDER AGE 16 (6) **ENTER RESPONDENT'S MARITAL STATUS ON WORKSHEET**	a. (Does PERSON/ do you) attend any kind of school, or not? b. (HAND CARD) What level of school (has PERSON/have you) completed? NO SCHOOLING .. NS DAY CARE .... DC PRE-SCHOOL .... PS KINDERGARTEN KG 1-12 (ENTER # YRS COMPL) ... 01-12 H.S. GRAD .... HG GED .... GD VOC'L SCHOOL .... VS UNGRADED SPEC'L. ED .... SE ATTEND COLL .... AC COLLEGE GRAD .. CG		(Is PERSON/are you) currently ... Employed .... (1) Unemployed and looking for work, or .... (2) Unemployed and not looking for work? .... (3) UNDER AGE 16 .... (6) **ENTER EMPLOYMENT STATUS OF R ON WORKSHEET**	Is (PERSON) ... Living here .... (0) Away at school ... (1) In the military ..... (2) In a hospital or institution ..... (3) In jail or prison ... (4) or Somewhere else (SPECIFY) .... (5) UNDER AGE 18 . (6) **GO TO COL K ONLY FOR CHILDREN UNDER 18, ELSE NEXT PERSON OR BOX 1**	Does (CHILD) live here, or .... (1) somewhere else? .... (2) **ENTER ON WORKSHEET**	[Even though (CHILD) is living here] is this a foster care placement?
	a.	b.				
ENTER CODE	Y N	ENTER CODE				

M. CHILDREN UNDER 18 LIVING IN HOUSEHOLD	N. CHILDREN'S OTHER RESIDENCE	O. FOSTER CARE	P. CHILDREN UNDER 18 LIVING ELSEWHERE	Q. PLACEMENT DECISION	R. RESPONDENT AGREEMENT	S. CONTACT CHILDREN
FOR ALL CHILDREN CODED 1 IN K, ASK M-O: At any time since (DATE) has (CHILD) lived anywhere else but here? *NP=NEXT PERSON*	Since (DATE), where has child lived? (CIRCLE ALL THAT APPLY) In a relative's home..................... (1) With a non-relative .... (2) In an institution, or.......................... (3) Somewhere else? (SPECIFY) .... (4)	Was (this/the last) place a foster care placement? *NP=NEXT PERSON*	**FOR CHILDREN CODED 2 IN K, ASK P-Z:** Where does (CHILD) currently live ... In a relative's home .... (1) With a non-relative .... (2) In an institution, or .... (3) Somewhere else? (SPECIFY) ..... (4) DK .... (8) **IF "DK" (CODE 8 ENTERED), GO TO NEXT PERSON**	Did you put (CHILD) (there/in last place) or did someone else? RESPONDENT ... (1) SOMEONE ELSE .... (2) (SPECIFY WHO)	At the time, did you agree with the decision for (CHILD) to live there?	Have you visited or talked with (CHILD)?
Y N	CIRCLE CODE	Y N	ENTER CODE	CIRCLE CODE	Y N	Y N
1 2 (NP)	1 2 3 4 __________	1 2 (NP/BOX 1)	__________	1 2 (SPECIFY) __________	1 2	1 2 (W)
1 2 (NP)	1 2 3 4 __________	1 2 (NP/BOX 1)	__________	1 2 (SPECIFY) __________	1 2	1 2 (W)
1 2 (NP)	1 2 3 4 __________	1 2 (NP/BOX 1)	__________	1 2 (SPECIFY) __________	1 2	1 2 (W)
1 2 (NP)	1 2 3 4 __________	1 2 (NP/BOX 1)	__________	1 2 (SPECIFY) __________	1 2	1 2 (W)
1 2 (NP)	1 2 3 4 __________	1 2 (NP/BOX 1)	__________	1 2 (SPECIFY) __________	1 2	1 2 (W)
1 2 (NP)	1 2 3 4 __________	1 2 (NP/BOX 1)	__________	1 2 (SPECIFY) __________	1 2	1 2 (W)
1 2 (NP)	1 2 3 4 __________	1 2 (NP/BOX 1)	__________	1 2 (SPECIFY) __________	1 2	1 2 (W)
1 2 (NP)	1 2 3 4 __________	1 2 (NP/BOX 1)	__________	1 2 (SPECIFY) __________	1 2	1 2 (W)

AFTER LAST PERSON GO TO BOX 1

T. VISIT CHILD-(REN)	U. FREQUENCY OF VISITATION	V. PLACE OF VISITS	W. MISS CHILDREN	X. DESIRE REUNIFI-CATION	Y. EXPECT REUNIFI-CATION	Z. TIME UNTIL REUNIFI-CATION				
Do you regularly visit with (CHILD), or not?	About how often do you visit with (CHILD) ... Once a week or more .... (1) 2 or 3 times a month, ... (2) Once a month .... (3) or Less often than that? (SPECIFY)..(4)	Where do these visits usually take place ... Foster home .... (1) Your home .... (2) Someone else's home .... (3) Child Welfare office, or .... (4) Somewhere else? .... (5) (SPECIFY)	Do you miss (CHILD) ... Very much .... (1) Somewhat, or .. (2) Not at all? .... (3)	Would you like (CHILD) to come and live with you? YES .... (1) NO .... (2) OTHER (SPECIFY) .... (3)	Do you think (CHILD) will come and live with you? YES .... (1) NO .... (2) OTHER (SPECIFY) .... (3) **IF "NO" (CODE 2 CIRCLED), GO TO NEXT PERSON**	When do you think that will happen?				
Y N	CIRCLE CODE	ENTER CODE	CIRCLE CODE	CIRCLE CODE	CIRCLE CODE		DAYS	WEEKS	MONTHS	DK
1 (U) 2 (W)	1 2 3 4		1 2 3	1 2 3 (SPECIFY)	1 2 3 (SPECIFY)		1	2	3	8
1 (U) 2 (W)	1 2 3 4		1 2 3	1 2 3 (SPECIFY)	1 2 3 (SPECIFY)		1	2	3	8
1 (U) 2 (W)	1 2 3 4		1 2 3	1 2 3 (SPECIFY)	1 2 3 (SPECIFY)		1	2	3	8
1 (U) 2 (W)	1 2 3 4		1 2 3	1 2 3 (SPECIFY)	1 2 3 (SPECIFY)		1	2	3	8
1 (U) 2 (W)	1 2 3 4		1 2 3	1 2 3 (SPECIFY)	1 2 3 (SPECIFY)		1	2	3	8
1 (U) 2 (W)	1 2 3 4		1 2 3	1 2 3 (SPECIFY)	1 2 3 (SPECIFY)		1	2	3	8
1 (U) 2 (W)	1 2 3 4		1 2 3	1 2 3 (SPECIFY)	1 2 3 (SPECIFY)		1	2	3	8
1 (U) 2 (W)	1 2 3 4		1 2 3	1 2 3 (SPECIFY)	1 2 3 (SPECIFY)		1	2	3	8

AFTER LAST PERSON GO TO BOX 1

BOX 1

REFER TO WORKSHEET, COL K

ALL CHILDREN LIVE HERE (CODE 1)	1	(6)
AT LEAST ONE CHILD LIVES ELSEWHERE (CODE 2)	2	(5)

IF ONLY ONE CHILD LIVING ELSEWHERE, CIRCLE 1 WITHOUT ASKING

5. Do the children living somewhere else all live in the same place?

YES	1	(6)
NO	2	(a)

a. In how many different places do the children live?

____

# DIFFERENT OUT-OF-HOME PLACES

REFER TO WORKSHEET COL G

6. You told me that you are currently (MARITAL STATUS). Are you currently living with (your husband/wife/someone as married)?

YES, LIVING WITH SPOUSE OR PARTNER	1	(7)	ENTER ON WORKSHEET
NO	2	(8)	

7. Since (DATE), has your (husband/wife/partner) held a full time job for any period of time?

YES	1	(a)
NO	2	(8)

a. How long did (he/she) work at that job?

______________ #

DAYS	1
WEEKS	2
MONTHS	3
YEARS	4

8. Since (DATE), have you held a full time job for any period of time?

YES	1	(a)
NO	2	(BOX 2)

a. How long did you work at that job?

______________ #

DAYS	1
WEEKS	2
MONTHS	3
YEARS	4

BOX 2

RESPONDENT LIVES IN A RESIDENTIAL APARTMENT OR HOUSE	1	(9)
RESPONDENT LIVES SOMEWHERE ELSE, e.g., WELFARE HOTEL, SHELTER, etc.	2	(11)

9. Have you been living at your current address since (DATE)?

YES	1	(10)
NO	2	(a)

a. Including this address, at how many different places or addresses have you lived since (DATE)?

____
# OF PLACES

10. Is this (apartment/house) rented, or do you or someone else own it?

RENTED	1	(a)
OWNED	2	(b)

a. Is the (apartment/house) rented in your name or someone else's name?

RESPONDENT'S NAME	1	(11)
SOMEONE ELSE'S NAME	2	(c)
OTHER (SPECIFY) __________	3	(11)

b. Do you own this (apartment/house), or does someone else own it?

RESPONDENT OWNS	1	(11)
SOMEONE ELSE OWNS	2	(c)
OTHER (SPECIFY) __________	3	(11)

c. What is this person's relationship to you?

____
RELATIONSHIP TO RESPONDENT

11. Now I have some questions about how you and the child(ren) you care for (and the other people in the household) have been getting along since (DATE).

I'm going to read a list of things that sometimes happen to people. Tell me whether anything like this has happened to you or someone in your household since (DATE)?

		YES	NO
a.	Someone won a prize or received a special gift. Has something like that happened to you or someone in this household?	1	2
b.	Someone lost a job	1	2
c.	Someone was in a bad accident and got hurt	1	2
d.	Someone got married	1	2
e.	Someone was arrested for a crime and convicted	1	2
f.	Someone got a good job that pays well; has that happened to you or someone in this household?	1	2
g.	Someone got beaten up by someone outside the household?	1	2
h.	Someone had some property stolen	1	2
i.	Someone got a new appliance or some new furniture	1	2
j.	Someone fell in love with someone really nice	1	2
k.	Someone failed in school or at job training	1	2
l.	Someone whose opinion you care about praised you	1	2
m.	Someone became pregnant	1	2
n.	Someone got divorced or separated	1	2
o.	Someone got beaten up by another household member?	1	2

12. The next questions are about things that may have happened to you personally.

In the last three months, have you . . .

		YES	NO	NA	
a.	gotten together with anyone to have fun or relax?	1	2	-	
b.	had any health problems that made it hard for you to take care of your child(ren)?	1	2	-	
c.	felt blue or depressed?	1	2	-	
d.	had too much to drink several times a week?	1	2	-	
e.	used drugs several times a week?	1	2	-	
f.	felt nervous or tense?	1	2	-	
g.	gotten in trouble with the law?	1	2	-	
h.	felt you had few or no friends?	1	2	-	
i.	felt happy?	1	2	-	
j.	felt you just didn't have enough money for food, rent or clothing?	1	2	-	
k.	had frequent fights and arguments with your (husband/wife/partner)?	1	2	6	NO SPOUSE OR PARTNER
l.	felt overwhelmed with work or family responsibilities?	1	2	-	
m.	just wanted to give up?	1	2	-	
n.	felt that considering everything you're doing a pretty good job raising your kid(s)?	1	2	-	

Now I have some questions about your family and friends with whom you keep in touch.

13. Lets start with your parents.

(1) Is your mother alive?

Yes .... 1 (a)
No .... 2 } (2)
DON'T KNOW .... 3 } (2)

(2) Is your father alive?

Yes .... 1 (e)
No .... 2 } (14)
DON'T KNOW .... 8 } (14)

ASK ONLY FOR PARENTS WHO ARE LIVING.

A. MOTHER

a. These days, how often do you see, talk or write to your mother? Would you say. . .

daily 1
once to several times a week ... 2
once or twice a month 3
at least once a year, or 4
never? 5 (2)

b. Is your mother someone you can rely on to provide emotional support by talking over your problems with her?

YES 1
NO 2

c. Can you count on your mother to help you out with money when you need it, or with work around the house?

YES 1
NO 2

d. Do you look to your mother for advice on how to handle problems?

YES .... 1 } (2)
NO .... 2 } (2)

B. FATHER

e. These days, how often do you see, talk or write to your father? Would you say. .

daily 1
once to several times a week ... 2
once or twice a month 3
at least once a year, or 4
never? 5 (14)

f. Is your father someone you can rely on to provide emotional support by talking over your problems with him?

YES 1
NO 2

g. Can you count on your father to help you out with money when you need it, or with work around the house?

YES 1
NO 2

h. Do you look to your father for advice on how to handle problems?

YES 1
NO 2

14. Do you have any sisters who are over 18? (Please include any step- or half-sisters). How many?

YES, ______________ 1
ENTER # SISTERS
NO SISTERS 2 (15)

Let's start with your (youngest) sister over 18.

a. How old is she? (And how old is your sister who is next in age)? REPEAT FOR ALL LIVING SISTERS.

ENTER AGE(S) IN TABLE UNDER **SISTERS**.

ASK b - c FOR EACH SISTER AND ENTER IN TABLE BELOW.

b. These days, how often do you see, talk or write to your sister who is (NUMBER) years old. . . ENTER CODE.

daily, ... (1)
once to several times a week, ... (2)
once or twice a month, ... (3)
at least once a year, or .... (4)
never? .... (5) } (GO TO NEXT
DECEASED .... (6) } SISTER, OR 15)

c. Is this sister someone you can rely on to provide emotional support by talking over your problems? CIRCLE CODE IN TABLE

d. Can you count on this sister to help you out with money when you need it, or with work around the house? CIRCLE CODE IN TABLE

e. Do you look to this sister for advice on how to handle problems? CIRCLE CODE IN TABLE

SISTERS

a. Age	b. Contact	c. Emotional Support		d. Concrete Support		e. Advice	
ENTER BELOW	ENTER CODE	Y	N	Y	N	Y	N
		1	2	1	2	1	2
		1	2	1	2	1	2
		1	2	1	2	1	2
		1	2	1	2	1	2

15. Do you have any brothers who are over 18? (Please include any step- or half-brothers). How many?

YES, ______________ 1
ENTER # BROTHERS
NO BROTHERS 2 (16)

a. And, how old is your (youngest) brother? (How old is your brother who is next in age)? REPEAT FOR ALL LIVING BROTHERS.

ENTER AGE(S) IN TABLE UNDER **BROTHERS.**

ASK b - e FOR EACH BROTHER AND ENTER IN TABLE BELOW.

b. These days, how often do you see, talk or write to your brother who is (NUMBER) years old. . .
ENTER CODE.

daily, ... (1)
once to several times a week, ... (2)
once or twice a month, ... (3)
at least once a year, or .... (4)
never? .... (5) } (GO TO NEXT
DECEASED .... (6) } BROTHER, OR 16)

c. Is this brother someone you can rely on to provide emotional support by talking over your problems? CIRCLE CODE IN TABLE

d. Can you count on this brother to help you out with money when you need it, or with work around the house? CIRCLE CODE IN TABLE

e. Do you look to this brother for advice on how to handle problems?
CIRCLE CODE IN TABLE

BROTHERS

a. Age	b. Contact	c. Emotional Support		d. Concrete Support		e. Advice	
ENTER BELOW	ENTER CODE	Y	N	Y	N	Y	N
		1	2	1	2	1	2
		1	2	1	2	1	2
		1	2	1	2	1	2
		1	2	1	2	1	2

16. Now I want to ask you about people who are good friends. They can be neighbors, people you knew when you were growing up, other relatives, or people you got to know some other way.

a. What are their first names? (I need their names so I can refer to them.)

PROBE FOR UP TO 4 NAMES AND ENTER IN TABLE BELOW.
ASK b - f FOR EACH FRIEND BEFORE GOING ON TO NEXT FRIEND.

b. Is (NAME) male or female? CIRCLE CODE IN TABLE.

c. How often do you see, talk or write to (NAME)? ENTER CODE

Daily	(1)
Once to several times a week	(2)
Once or twice a month	(3)
At least once a year	(4)
Never	(5) (GO TO NEXT PERSON OR BOX 3)

d. Is (NAME) someone you can rely on to provide emotional support by talking over your problems?
CIRCLE CODE IN TABLE

e. Can you count on (NAME) to help you out with money when you need it, or with work around the house?
CIRCLE CODE IN TABLE

f. Do you look to (NAME) for advice on how to handle problems?
CIRCLE CODE IN TABLE

GOOD FRIENDS

a. Names	b. Sex		c. Contact	d. Emotional Support		e. Concrete Support		f. Advice	
ENTER NAMES BELOW	M	F	ENTER CODE	Y	N	Y	N	Y	N
1.	1	2		1	2	1	2	1	2
2.	1	2		1	2	1	2	1	2
3.	1	2		1	2	1	2	1	2
4.	1	2		1	2	1	2	1	2

BOX 3

REFER TO WORKSHEET, Q.6

RESPONDENT LIVING WITH SPOUSE OR PARTNER	1	(17)
RESPONDENT NOT LIVING WITH SPOUSE OR PARTNER	2	(20)

17. These days, how much does your (husband/wife/partner) help out around the house? Would you say s/he helps very much, some, a little or not at all in. . .

	VERY MUCH	SOME	LITTLE	NOT AT ALL
a. taking care of the child(ren)?	1	2	3	4
b. providing money to pay household expenses?	1	2	3	4
c. shopping for food and household items?	1	2	3	4
d. disciplining the children?	1	2	3	4

18. Can you rely on your (husband/wife/partner) for **emotional support** by listening to you and helping you work out your problems?

YES	1
NO	2

19. Can you turn to your (husband/wife/partner) for **advice** on how to work out your problems?

YES	1
NO	2

20. These days, do you. . .

	Y	N
a. go to religious services at a church, mosque, temple or some other place of religious worship?	1	2
b. borrow books from a public library?	1	2
c. attend meetings of a community group, such as a tenants' association, or some other group that tries to do something for the community?	1	2
d. attend meetings of a support group of some kind	1	2
e. attend meetings of an organization of parents, such as the PTA or a pre-school organization?	1	2

21. Since (DATE), have you had difficulty. . .

	Y	N
a. paying your rent?	1	2
b. paying your electric and heating bills?	1	2
c. buying enough food for your family?	1	2
d. buying clothes for your child(ren)?	1	2

22. Since (DATE), have you or someone else in your household. . .

	Y	N	NA
a. received food stamps?	1	2	-
b. been in a job training program?	1	2	-
c. been in WIC, the Women Infants and Children Supplemental Food Program?	1	2	-
d. gotten checks from AFDC?	1	2	-
e. had help with your rent from a voucher program?	1	2	-
f. received Social Security disability checks?	1	2	-
g. been in an alcoholism program?	1	2	-
h. been in a treatment program for drug addiction?	1	2	-
i. been in a marriage counseling program?	1	2	-
j. been in a community mental health program?	1	2	-
ASK k. IF CHILD(REN) BETWEEN 2 AND 5			
k. had a child in a Head Start or other pre-school program?	1	2	6

23. Since (DATE), did you or anyone in the household receive the following services?

	Y	N
a. Daycare	1	2
b. Help in finding a place to live	1	2
c. Staying at an emergency shelter	1	2
d. Medical or dental care	1	2
e. Transportation	1	2
f. Educational services, including GED classes	1	2
g. Parenting education or training classes	1	2
h. Legal services	1	2
i. Counseling	1	2
j. Respite care	1	2
k. Homemaker services	1	2
l. A parent aide to help you	1	2
m. Family planning services	1	2

24. The next questions are about bringing up child(ren).

(In the past 3 months. . .

	Y	N	NA
a. have you sometimes lost your temper when your child(ren) got on your nerves?	1	2	-
b. have you found that hitting your child(ren) was a good way to get (him/her/them) to listen?	1	2	-
c. have you sometimes found yourself hitting your child(ren) harder than you really meant to?	1	2	-
d. have things sometimes gotten out of control when you punished your child(ren)?	1	2	-
e. have you praised your child(ren) for doing something really well?	1	2	-
f. have you listened to music or done something else at home that was fun with your child(ren)?	1	2	-
g. have you punished your child(ren) by tying (him/her/them) up with rope, cord, string or a belt?	1	2	-
h. have you and the child(ren) gone to an amusement park, a pool, a picnic or a playground?	1	2	-
ASK ONLY FOR CHILDREN UNDER AGE 12			
i. have you sometimes felt uncomfortable when your child(ren) wanted to be hugged or held?	1	2	6
ASK ONLY FOR CHILDREN OVER 1 YEAR			
j. have you encouraged your child(ren) to read a book?	1	2	6
k. [In the (past) 3 months/before the child(ren) (was/were) removed] have you had your child(ren) handle household chores on a regular basis?	1	2	6
l. have you sometimes punished your child(ren) by not letting (him/her/them) into the house?	1	2	6
m. have you punished your child(ren) for not finishing the food on (his/her/their) plate(s)?	1	2	6
n. have you sometimes blamed your child(ren) for things that you realized were not really (his/her/their) fault?	1	2	6
o. have you allowed the child(ren) to play where (he/she/they) were not supposed to?	1	2	6

25. Since (DATE). . .

	Y	N	NA
a. Did you need childcare on a regular basis?	1	2	-
b. Were you sometimes unable to find someone to watch your child(ren) when you had to leave the house?	1	2	-
c. Were you sometimes unable to take your child(ren) to see a doctor or nurse for getting shots, or when they were sick?	1	2	-
d. Were you sometimes unable to take your child(ren) to a dentist for a dental problem?	1	2	6
e. Have you ever been without enough food to feed your children?	1	2	-
f. (Were/Was) your child(ren) hurt in any way while left in someone else's care?	1	2	-

26. All children have some problems that make you worry, but they also have some good qualities that make you proud.

Tell me whether (CHILD)/(any of the children). . .

ASK a & b ONLY IF NEWBORN IN HOUSEHOLD SINCE (DATE). ELSE GO TO c.

	YES	NO, NONE	NOT APPLICABLE DUE TO AGE
a. Went through alcohol withdrawal when born?	1	2	-
b. Went through drug withdrawal when born?	1	2	-
c. Do(es)n't show much interest in what is going on?	1	2	-
d (Is/are) smaller and lighter than other children (his/her/their) age(s)?	1	2	-
e. Get(s) upset easily?	1	2	-

IF NO CHILD OVER 3 MONTHS, CHECK HERE ☐ AND SKIP TO Q.27
BOX 5

f. (Is/Are) funny and make(s) you laugh?	1	2	6
g. Like(s) to share things with other people?	1	2	6
h. Throw(s) tantrums?	1	2	6
i. (Is/are) shy and withdrawn?	1	2	6
j. (Is/are) outgoing and friendly?	1	2	6
k. (Is/are) good looking?	1	2	6

	YES	NO, NONE	NOT APPLICABLE DUE TO AGE
l. Fight(s) a lot with other kids?	1	2	6
m. (Has/have) language problems?	1	2	6

IF NO CHILD OVER AGE 4, CHECK HERE ☐ AND SKIP TO Q.27
BOX 6

n. (Is/are) very aggressive toward you?	1	2	-
o. (Has/have) a special talent in music?	1	2	-
p. Like(s) animals?	1	2	-
q. (Is/are) good at sports?	1	2	-
r. Can usually be counted on to do the right thing?	1	2	-
s. Hang(s) out with friends you don't care for?	1	2	-

The next questions are about events since (DATE)

Since (DATE) [Has (CHILD)/Have any of the children]. . .	Y	N	NA	DK
t. Gone to church regularly?	1	2	-	8
u. Been absent from school a lot?	1	2	-	8
v. Run away from home overnight?	1	2	-	8
w. Been temporarily suspended from school?	1	2	-	8
x. Been expelled from school?	1	2	-	8
y. Taken care of younger children?	1	2	-	8
z. Taken something that didn't belong to (him/her/them)?	1	2	-	8
aa. Often been absent from school for no good reason?	1	2	-	8
bb. Received special education services at school?	1	2	-	8
cc. Failed any classes?	1	2	-	8
dd. Received counseling?	1	2	-	8

416

	Yes	No, None	NOT APPLICABLE DUE TO AGE	DK
IF NO CHILD OVER AGE 7, CHECK HERE ☐ AND SKIP TO Q27 BOX 7				
Since (DATE). . .				
ee. [Has (CHILD)/Have any of the children age 8 or over] been arrested?	1	2	6	8
IF NO CHILD OVER AGE 10, CHECK HERE ☐ AND SKIP TO Q27 BOX 8				
Since (DATE). . .				
ff. [Has (CHILD)/Have any of the children age 11 or over] had an alcohol problem?	1	2	6	8
gg. [Has (CHILD)/Have any of the children age 11 or over] had a drug problem?	1	2	6	8
IF NO GIRL OVER AGE 11, CHECK HERE ☐ AND SKIP TO Q27 BOX 9				
Since (DATE). . .				
hh. [Has (GIRL AGE 12 TO 18)/Have any of the girls ages 12 to 18] been pregnant?	1	2	6	8
IF NO BOY OVER AGE 13, CHECK HERE ☐ AND SKIP TO Q27 BOX 10				
Since (DATE). . .				
ii. [Has (BOY AGE 14 TO 18)/Have any of the boys ages 14 to 18] fathered a child?	1	2	6	8

BOX 11

REFER TO CIF

PRIVATE SERVICE WORKER LISTED 1 (27)

NO PRIVATE SERVICE WORKER LISTED 2 (32)

REFER TO CASE INFORMATION FORM.

27. I understand you were working with (NAME, FPS AGENCY) about a year ago. Have you had any contact with (________________) or anyone else in that agency since (DATE)?
CASEWORKER

YES	1 (a)
NO	2 (32)

a. With whom at the agency were you mainly in contact, (CASEWORKER) or someone else?

CASEWORKER	1
SOMEONE ELSE	2

28. Did you initiate the contact with (PERSON), or did (PERSON) call you?

Respondent initiated contact	1
Caseworker initiated contact	2

HAND CALENDAR
CARD

29. Let's look at the Calendar Card again. From (DATE) to the present time, over how many weeks were you in regular contact with (CASEWORKER/OTHER AGENCY PERSON)? (RELATE Q. TO KEY CALENDAR EVENT).

_______________ # WEEKS

30. During those (NUMBER) weeks, on average, about how often did you usually talk to (PERSON)?

More than once a week	1
Once a week	2
2-3 X a month	3
Once a month, or	4
Less often that that	5

31. When you spoke to (PERSON), did you speak to (him/her) face-to-face . . .

Always	1
Most of the time	2
About half the time	3
Rarely, or	4
Never	5

32. We would like to know about your contact with the (NAME, PUBLIC CHILD WELFARE AGENCY). Have you talked with anyone at the agency since (DATE)?

Yes	1 (a)
No	2 (35)

a. Did you initiate the contact with the agency, or did someone from the agency call you?

Respondent initiated contact	1
Agency initiated contact	2

33.

a. What are the names of all the people at the agency you talked to? (LIST EACH PERSON BELOW. THEN ASK b-d FOR EACH PERSON BEFORE GOING TO NEXT PERSON)	b. Altogether, since (DATE), about how many times did you talk to (PERSON)?	c. Did you usually talk to (PERSON) More than once a week . 1 Once a week .... 2 2-3 X a month .... 3 Once a month, or .... 4 Less often than that? ..... 5 (ENTER CODE)	d. Did you talk to (NAME) mainly on the phone, mainly face-to-face, or both? On the phone .... 1 Face to face .... 2 Both .... 3 (ENTER CODE)
1. ______	______	______	______
2. ______	______	______	______
3. ______	______	______	______
4. ______	______	______	______
5. ______	______	______	______
6. ______	______	______	______

HAND CALENDAR CARD

34. On what date, approximately, did you last talk to anyone at the (NAME, PUBLIC CHILD WELFARE AGENCY)? (Please look at the calendar again, to help you remember). (RELATE Q. TO KEY CALENDAR EVENT).

_______/_______/_______ (35)
DAY MONTH YEAR

UNABLE TO REMEMBER DATE............ 98 (a)

a. Approximately how long ago do you think you last talked to someone at the agency? About how many weeks or months ago?

____________	WEEKS	1
#	MONTHS	2

35. Since (DATE), has anyone from the Public Child Welfare Agency ever told you that you are receiving Family Preservation Services? (WHERE APPROPRIATE ALSO SUPPLY LOCAL NAME OF PROGRAM)

Yes	1
No	2

36. Since (DATE), has anyone from the agency told you that someone reported your having hurt or neglected your child(ren)?

Yes	1
No	2

37. Since (DATE), did the (NAME, PUBLIC CHILD WELFARE AGENCY) ever send a homemaker or parent aide to your home to help with housekeeping or to provide help with child care?

YES	1	(a)
NO	2	(38)

a. How many times did homemaker or parent aide come to your home?

____
# OF TIMES

38. Since (DATE), has a caseworker . . .

		Y	N
a.	Helped with money to pay the rent, electricity, or phone?	1	2
b.	Helped with money for other things you needed?	1	2
c.	Provided transportation to some place you had to go, such as a medical appointment or the welfare office?	1	2
d.	Discussed the proper feeding of children with you?	1	2
e.	Talked with you about how to discipline children?	1	2
f.	Talked with you about how to handle relations with your (husband/wife/partner)?	1	2
g.	Helped you clean your house or put things in order?	1	2
h.	Helped with painting or house repairs?	1	2
i.	Discussed with you how to get childcare?	1	2
j.	Helped with your welfare or food stamp benefits?	1	2
k.	Advised you on how to get medical care for your child(ren)?	1	2
l.	Talked with you about how to handle strong feelings such as anger and hatred?	1	2
m.	Advised you on how to get help for drinking or drug problems?	1	2
n.	Discussed with you how to get a better place to live?	1	2
o.	Advised you about job training programs?	1	2
p.	Talked with you about how to get a paying job?	1	2
q.	Advised you on how to continue your schooling?	1	2
r.	Arranged for someone to come in your house and take care of your children for a while to give you some rest from child care?	1	2
s.	Told you about other agencies that offered services you or your family might need?	1	2
t.	Talked with you about family planning?	1	2

39. Are there any services you felt you needed in the past year, that you did not get?

YES	1	(a)
NO	2	

a. What services were those? Any others?

SERVICES NOT PROVIDED

And now some final questions

40. These questions are about the place in which you live. Since (DATE), has this happened for more than a day at a time?

		Y	N
a.	The electricity did not work	1	2
b.	The plumbing did not work (by that I mean the toilet, bath, or shower)	1	2
c.	Cooking appliances, such as the stove, or the range, did not work	1	2
d.	Broken windows or doors were not fixed	1	2
e.	There were bare electric wires	1	2
f.	A lot of paint was peeling	1	2
g.	The heating/air conditioning has not worked	1	2
h.	Your home was overcrowded, that is, not enough room for everyone to sleep or have some privacy	1	2
i.	There were not enough basic necessities such as chairs, tables, beds, cribs, mattresses, or not enough basic necessities such as blankets, sheets, pots or dishes	1	2
j.	The building was unsafe because of illegal activities going on	1	2

41. Since (DATE), all in all, do you think there has been great improvement in your family life, some improvement, things have been just the same, things have gotten somewhat worse, or have they gotten a great deal worse?

GREAT IMPROVEMENT	1	
SOME IMPROVEMENT	2	
JUST THE SAME	3	(42)
SOMEWHAT WORSE	4	
A GREAT DEAL WORSE	5	

a. In what way? ____________________

____

42. Please look at this card and tell me which of these amounts comes closest to your total household income from all sources for (1996/1997). You can just tell me the letter.

HAND CARD

A.	LESS THAN $1,000	01
B.	$1,000 - $2,499	02
C.	$2,500 - $4,999	03
D.	$5,000 - $9,999	04
E.	$10,000 - $19,999	05
F.	$20,000 - $39,999	06
G.	$40,000 - $59,999	07
H.	$60,000 OR MORE	08

BOX 12

TEAR OUT PAGE 26 AND HAND TO RESPONDENT

SAY: We often read these next questions to respondents. would you like me to read them to you or would you prefer to read them to yourself?

QUESTIONS READ TO RESPONDENT ... 1 HAND CARD

RESPONDENT READ QUESTIONS 2

423

____
Westat ID

Problems and Complaints

Below is a list of problems and complaints that people sometimes have. (Please read each one carefully.) After you have done so, check the box which best describes HOW MUCH THAT PROBLEM HAS BOTHERED OR DISTRESSED YOU DURING THE PAST WEEK, INCLUDING TODAY. Do not skip any items.

How much were you bothered by:

		Not at all	A little bit	Moderately	Quite a bit	Extremely
1.	Feeling low in energy or slowed down	☐ (0)	☐ (1)	☐ (2)	☐ (3)	☐ (4)
2.	Thoughts of ending your life	☐ (0)	☐ (1)	☐ (2)	☐ (3)	☐ (4)
3.	Loss of sexual interest or pleasure	☐ (0)	☐ (1)	☐ (2)	☐ (3)	☐ (4)
4.	Crying easily	☐ (0)	☐ (1)	☐ (2)	☐ (3)	☐ (4)
5.	Feeling of being trapped or caught	☐ (0)	☐ (1)	☐ (2)	☐ (3)	☐ (4)
6.	Blaming yourself for things	☐ (0)	☐ (1)	☐ (2)	☐ (3)	☐ (4)
7.	Feeling lonely	☐ (0)	☐ (1)	☐ (2)	☐ (3)	☐ (4)
8.	Feeling blue	☐ (0)	☐ (1)	☐ (2)	☐ (3)	☐ (4)
9.	Worrying too much about things	☐ (0)	☐ (1)	☐ (2)	☐ (3)	☐ (4)
10.	Feeling no interest in things	☐ (0)	☐ (1)	☐ (2)	☐ (3)	☐ (4)
11.	Feeling helpless about the future	☐ (0)	☐ (1)	☐ (2)	☐ (3)	☐ (4)
12.	Feeling everything is an effort	☐ (0)	☐ (1)	☐ (2)	☐ (3)	☐ (4)
13.	Feelings of worthlessness	☐ (0)	☐ (1)	☐ (2)	☐ (3)	☐ (4)

____
Westat ID

These are all the questions I have.

HAND PAYMENT TO RESPONDENT AND OBTAIN SIGNED RECEIPT.

(i) Now I would like your phone number in case I have forgotten anything, and I or my office need to call you back.

________/________-______________
Respondent's Phone number

Is this phone here in this household or somewhere else?

HERE .... 1 (ii)
ELSEWHERE .... 2 (a)

a. Whose phone is this? And where does this person live?

FULL NAME

# STREET

CITY OR TOWN STATE ZIP CODE

b. What is this person's relationship to you?

RELATIONSHIP TO RESPONDENT

(ii) Could you please give me the names of 2 close relatives or friends, living outside this household, who would always know where you can be reached (in case you move)?

	NAME	NAME
(iii) How is (PERSON) related to you?	RELATIONSHIP	RELATIONSHIP
(iv) What is (his/her) address?	# STREET CITY STATE ZIP	# STREET CITY STATE ZIP
(v) What is (his/her) phone number?	( ) area code	( ) area code

(vi) Are you planning to move?

YES	1	(a)
NO	2	(vii)

a. Do you know what your new address will be?

YES	1	(b)
NO	2	(vii)

b. What will your new address be?

____
# STREET

____
CITY OR TOWN STATE ZIP CODE

DK 09

(vii) Could you also give me any other addresses at which you can be contacted (such as a work address for instance)?

____
NAME

____
# STREET

____
CITY OR TOWN STATE ZIP CODE

____
/
AC PHONE #

Whose address and phone # is this? ____________________________

IF WORK NAME AND PHONE NUMBER, ASK:
Is it all right to contact you there?

YES	1
NO	2

TIME ENDED: ________ AM PM

THANK RESPONDENT AND END INTERVIEW.

INTERVIEWER OBSERVATIONS

After leaving the household, please answer the following questions to the best of your ability:

1. Was the home in generally good repair, that is no broken windows, no holes in the walls, peeling paint or exposed wiring?

Yes, home in good repair	1	
No	2	(a)

a. Briefly describe the disrepair you noticed:

____

____

2. Was the electricity in working order?

Yes	1
No	2
Unable to tell	3

3. In general, did the child(ren) appear to be clean, well fed, and adequately cared for?

Yes	1	
No	2	(a)
Did not see child(ren)	3	

a. Briefly describe in what way the children appeared to lack adequate care?

____

____

4. Would you describe the street (or location) of the dwelling as generally safe or unsafe?

Safe	1	
Unsafe	2	(a)

a. Why do you think it is unsafe?

____

____

____

Interviewer Signature

____

Date Interview Completed

FINAL WORKSHEET

RESPONDENT'S MARITAL STATUS

COL G	M	D	S	W	NM

EMPLOYMENT STATUS

		RESPONDENT (R)
COL I	EMPLOYED	1
	UNEMPLOYED, LOOKING FOR WORK	2
	UNEMPLOYED, NOT LOOKING FOR WORK	3

AGE, SEX, AND RESIDENCE OF CHILDREN UNDER 18

PERS # Col A		AGE Col D	SEX Col E		RESIDENCE Col K	
			M	F	HERE	ELSEWHERE
02	YOUNGEST CHILD	_____	1	2	1	2
___	CHILD NEXT IN AGE	_____	1	2	1	2
___	CHILD NEXT IN AGE	_____	1	2	1	2
___	CHILD NEXT IN AGE	_____	1	2	1	2
___	CHILD NEXT IN AGE	_____	1	2	1	2
___	CHILD NEXT IN AGE	_____	1	2	1	2
___	CHILD NEXT IN AGE	_____	1	2	1	2
___	CHILD NEXT IN AGE	_____	1	2	1	2

RESPONDENT LIVING WITH SPOUSE OR PARTNER

Q.6	YES	1
	NO	2

____
WESTAT ID

OMB No.: 0990-0210
Expiration Date: 04/30/99

NATIONAL EVALUATION OF FAMILY SERVICES

Caseworker Interview

Family Preservation Initial

TELEPHONE INTERVIEW

PREPARED FOR:

THE ASSISTANT SECRETARY
FOR PLANNING AND EVALUATION (ASPE)
DEPARTMENT OF HEALTH & HUMAN SERVICES

PREPARED BY:

WESTAT, INC.
ROCKVILLE, MD

THE CHAPIN HALL CENTER
FOR CHILDREN
UNIVERSITY OF CHICAGO

JAMES BELL ASSOCIATES
ARLINGTON, VA

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BEST COPY AVAILABLE

Hello, my name is ____________________. I'm calling from Westat in connection with the NATIONAL EVALUATION OF FAMILY SERVICES, and specifically about your work with the (NAME) family. As you know, this study is about the delivery of services by Public Child Welfare Agencies. and the information you provide will be used to develop programs and policies. Although your participation in this study is voluntary, your cooperation is extremely important.

1. We were told by the child welfare agency that you are the caseworker assigned to the (NAME) family. Is that correct?

YES	1	(BOX 0)
NO	2	(a)

a. Do you know who has been assigned to this family?

YES	1	(b)
NO	2	THANK AND TERMINATE; RETURN CASE TO SUPERVISOR

b. What is that worker's name and phone number?

____
WORKER'S NAME

____
PHONE NUMBER

THANK AND TERMINATE.

CONTACT NEW WORKER AND REPEAT INTRODUCTION.

BOX 0

CHECK CASE INFORMATION FORM

THIS IS A TREATMENT CASE	1	(3)
THIS IS A CONTROL CASE	2	(2)

2. Is there a private agency worker also serving this case?

YES	1	(a)
NO	2	(3)

a. Are you or is the private agency worker primarily responsible for providing services?

RESPONDENT	1	(3)
PRIVATE AGENCY WORKER	2	THANK AND TERMINATE; RETURN CASE TO SUPERVISOR

3. Have you made a visit to the (NAME) family?

YES	1	(4)
NO	2	(a & b)

a. When do you plan to visit the (NAME) family?

__________/__________ (b)
MO DAY

DO NOT PLAN TO VISIT .... 00 (c)

b. We would like to talk to you some time after your visit.
ESTABLISH BEST TIME AND DAY TO REACH WORKER;
RECORD ON RECORD-OF-CALLS AND TERMINATE.

c. Why is that? ______________________________

____

TERMINATE AND RETURN CASE TO SUPERVISOR

4. I would like (to verify) the address and phone number (I have) for the (NAME) family.

READ ADDRESS AND PHONE NUMBER FROM CASE INFORMATION FORM. IF NOT AVAILABLE, GO TO a.

Are both the address and phone number correct?

YES	1	(5)
NO	2	(a)

a. What is the exact address and phone number of the (NAME) family?

IF CASEWORKER'S INFORMATION DIFFERS IN ANY SMALL DETAIL, RECORD ENTIRE NEW ADDRESS AND PHONE NUMBER BELOW.
NOTIFY SUPERVISOR **IMMEDIATELY AFTER** INTERVIEW.

____ |__|
# STREET APT # OR SINGLE DWELLING

____
TOWN OR CITY STATE ZIP CODE

PHONE NUMBER: ________/______________________
AC NUMBER

5. Does the family live . . .

in an apartment or house for them alone,	1
in an apartment or house shared with relatives,	2
in an apartment or house shared with non-family members,	3
in a shelter for homeless families or battered women, or	4
some other place? (SPECIFY) ____________	5

6. Is the home in which the (NAME) family lives rented or owned in the name of the caretaker or (his/her) spouse?

YES	1	(7)
NO	2	(a)
DK/NOT SURE	8	(7)

a. Who owns or rents the home? (What is that person's relationship to the caretaker)?

____
RELATIONSHIP TO CARETAKER

DK/NOT SURE	98	(7)

HOUSEHOLD ENUMERATION

7. Now I have some questions about the people in the (NAME) household, including any children in foster care.

REFER TO CASE INFORMATION FORM

LIST ALL PERSON #'S AND NAMES IN ORDER IN COLS A AND B.

a. Let's start with the primary caretaker. According to our records that is (NAME).

ENTER ON LINE 01. VERIFY SPELLING.

b. Let's continue with the youngest victim (person #02). (VERIFY SPELLING AND ENTER ON LINE 02)

c. ASK ABOUT EACH OF THE OTHER VICTIMS LISTED. (VERIFY SPELLING AND COPY NAME ON CORRESPONDING PERSON # LINE).

DRAW LINE ACROSS THE TABLE AFTER LAST IDENTIFIED VICTIM

d. Next, I need to know the first names of the other children under 18 who live in the home or in foster care. Who is the youngest of these? And who is next in age?

No other children under 18	6

e. Do any of the victim(s)' siblings who are under 18 live somewhere else but not in foster care? What are their first names?

No siblings under 18 live elsewhere	6
DON'T KNOW/NOT SURE	8

f. What are the first names of adults other than the primary caretaker, 18 and over?

Let's start with the youngest. (And who is next in age?)

g. I have listed (READ ALL NAMES IN COL B). Does anyone else live there who may be temporarily away on vacation, in a hospital, or in a place of detention for example?

No one else	6

WESTAT ID

HOUSEHOLD ENUMERATION TABLE (HHE)

The next questions are about the individuals in the household.

ASK HHE Q.s FOR EACH PERSON, IN ORDER, STARTING WITH PERSON # 01 BEFORE GOING TO THE NEXT PERSON.

ASK C - L FOR EACH CHILD UNDER 18
ASK C - G FOR EACH ADULT 18 OR OVER

A. PERSON #	B. NAME	C. RELATIONSHIP	D. AGE	E. SEX		F. TALKED TO (18 OR OVER)		G. SERVICES	
		What is (PERSON)'s relationship to (NAME, YOUNGEST VICTIM)?	What is (PERSON)'s age?	Is (PERSON) male or female?		Have you talked to (PERSON)?		Is (PERSON) part of the case or receiving services?	
				M	F	Y	N	Y	N
01	(ENTER CARETAKER)			1	2	1	2	1	2
02		YOUNGEST VICTIM		1	2	1	2	1	2
03				1	2	1	2	1	2
04				1	2	1	2	1	2
05				1	2	1	2	1	2
06				1	2	1	2	1	2
07				1	2	1	2	1	2
08				1	2	1	2	1	2
09				1	2	1	2	1	2
10				1	2	1	2	1	2

434

HOUSEHOLD ENUMERATION TABLE (HHE)

H. CHILDREN UNDER 18	I. RESIDENCE OF CHILDREN UNDER 18	J. IF CODED (4) IN COL I. ASK:	K. DATE OF PLACEMENT	L. FOSTER CARE
Was (CHILD) part of the recent complaint? Y N	Where does (CHILD) currently live? READ CATEGORIES AND ENTER CODE At home. ....(1) In a relative's home, ...(2) With a non-relative, ...(3) In an institution, or ....(4) Somewhere else? (SPECIFY)....(5)	In what type of institution is (CHILD)? READ LIST AND ENTER CODE A group home ....(1) An emergency shelter ....(2) A psychiatric hospital ....(3) A residential treatment facility ....(4) A place of detention, or ....(5) Some other kind of institution? What kind? (SPECIFY) ....(6)	In what month and year was (CHILD) placed?	Is this a foster care placement? Y N
1 2	1 (L) 2 (K) 3 (K) 4 (J) 5 (K) SPECIFY:	1 2 3 4 5 6 SPECIFY:	___/___ MO YR	1 2
1 2	1 (L) 2 (K) 3 (K) 4 (J) 5 (K) SPECIFY:	1 2 3 4 5 6 SPECIFY:	___/___ MO YR	1 2
1 2	1 (L) 2 (K) 3 (K) 4 (J) 5 (K) SPECIFY:	1 2 3 4 5 6 SPECIFY:	___/___ MO YR	1 2
1 2	1 (L) 2 (K) 3 (K) 4 (J) 5 (K) SPECIFY:	1 2 3 4 5 6 SPECIFY:	___/___ MO YR	1 2
1 2	1 (L) 2 (K) 3 (K) 4 (J) 5 (K) SPECIFY:	1 2 3 4 5 6 SPECIFY:	___/___ MO YR	1 2
1 2	1 (L) 2 (K) 3 (K) 4 (J) 5 (K) SPECIFY:	1 2 3 4 5 6 SPECIFY:	___/___ MO YR	1 2
1 2	1 (L) 2 (K) 3 (K) 4 (J) 5 (K) SPECIFY:	1 2 3 4 5 6 SPECIFY:	___/___ MO YR	1 2
1 2	1 (L) 2 (K) 3 (K) 4 (J) 5 (K) SPECIFY:	1 2 3 4 5 6 SPECIFY:	___/___ MO YR	1 2
1 2	1 (L) 2 (K) 3 (K) 4 (J) 5 (K) SPECIFY:	1 2 3 4 5 6 SPECIFY:	___/___ MO YR	1 2

8. Does any adult member of the case currently live somewhere else and receive services?

YES .... 1 (a & b)
NO 2 (9)

PROBE FOR ADDITIONAL PERSONS

(1)

a. What is that person's name?
(Anyone else?)

____
SERVICE RECIPIENT'S NAME

b. What is (his/her) relationship to
(NAME, YOUNGEST VICTIM)?

____
RELATIONSHIP TO YOUNGEST VICTIM

(2)

a. What is that person's name?
(Anyone else?)

____
SERVICE RECIPIENT'S NAME

b. What is (his/her) relationship to
(NAME, YOUNGEST VICTIM)?

____
RELATIONSHIP TO YOUNGEST VICTIM

The next questions are about the birth mother and the biological father of the child victim(s).

9. First, about the birth mother. (You may already have told me but I want to be sure I have it right).

Does the birth mother of (all) the child-victim(s) live in this household?

YES 1 (12)
NO 2 (10)

10. What (is/are) the name(s) of the child victim(s) whose birth mother(s) do(es) not live in this household?

11. (1) ENTER NAMES OF CHILD VICTIMS IN COL (1) OF TABLE BELOW

(2) Is (CHILD)'s mother living?

- IF **YES** CIRCLE 1 IN COL (2) AND ASK (3) - (5) FOR EACH DIFFERENT MOTHER BEFORE GOING TO NEXT CHILD
- IF MORE THAN ONE CHILD HAS SAME MOTHER, WRITE: SAME AS (NAME) IN COL (3), AND GO TO Q.12
- IF **NO**, GO TO NEXT CHILD OR Q.12

(3) What is the name of (NEXT OLDEST VICTIM's etc.) birth mother ENTER IN TABLE BELOW

(4) Does the mother provide any financial support for the child?

(5) Does the mother visit the child regularly?

ABSENT BIRTH MOTHERS

	(1) CHILD VICTIMS' NAMES AND PERSON #'S		(2) MOTHER LIVING			(3) BIRTH MOTHERS' NAMES	(4) SUPPORT			(5) VISIT		
	#	NAME	Y	N	DK		Y	N	DK	Y	N	DK
a.	________	________	1(3)	2(b)	8(b)		1	2	8	1	2	8
b.	________	________	1(3)	2(c)	8(c)		1	2	8	1	2	8
c.	________	________	1(3)	2(d)	8(d)		1	2	8	1	2	8
d.	________	________	1(3)	2	8		1	2	8	1	2	8

RECORD ANY VOLUNTEERED COMMENTS ON THE MAKEUP OF THE HOUSEHOLD:

____

____

12. Again, you may already have told me but, does the biological father of (all) the child victim(s) live in this household?

YES	1	(14)
NO	2	(13)

What (is/are) the name(s) of (all) the child victim(s) whose biological father(s) do(es) not live in this household?

13. (1) ENTER NAMES OF CHILD VICTIMS IN COL (1) OF TABLE BELOW

(2) Is (CHILD)'s biological father living?

- IF **YES** CIRCLE 1 IN COL (2) AND ASK (3) - (5) FOR EACH DIFFERENT FATHER, BEFORE GOING TO NEXT CHILD.
- IF MORE THAN ONE CHILD HAS SAME FATHER, WRITE: SAME AS (NAME) IN COL (3), AND GO TO Q.13.
- IF **NO**, GO TO NEXT CHILD OR Q.13

(3) What is the name of (NEXT OLDEST VICTIM's etc.) biological father? ENTER IN TABLE BELOW

(4) Does the father provide any financial support for the child?

(5) Does the father visit the child regularly?

ABSENT BIOLOGICAL FATHERS

	(1) CHILD VICTIMS' NAMES AND PERSON #'S		(2) FATHER LIVING			(3) BIRTH FATHERS' NAMES	(4) SUPPORT			(5) VISIT		
	#	NAME	Y	N	DK		Y	N	DK	Y	N	DK
a.	______	______	1(3)	2(b)	8(b)		1	2	8	1	2	8
b.	______	______	1(3)	2(c)	8(c)		1	2	8	1	2	8
c.	______	______	1(3)	2(d)	8(d)		1	2	8	1	2	8
d.	______	______	1(3)	2	8		1	2	8	1	2	8

RECORD ANY VOLUNTEERED COMMENTS ON THE MAKEUP OF THE HOUSEHOLD:

____

____

14. Based on your contact with the family, do you think the investigating worker's decision to substantiate the allegation(s) in the complaint was . . .

completely justified	1
mostly justified	2
partly justified, or	3
not justified at all?	4
DK/NOT SURE	8

BOX 1

REFER TO CASE INFORMATION FORM AND HHE COL I

THIS CASE IS RECEIVING FAMILY PRESERVATION SERVICES (TREATMENT) AND AT LEAST ONE CHILD IS LIVING AT HOME	1	(15)
THIS CASE IS RECEIVING OTHER SERVICES (CONTROL) AND AT LEAST ONE CHILD IS LIVING AT HOME	2	(16)
NO CHILDREN LIVING AT HOME	6	(17)

15. Assuming family preservation services were not available for this case, in your opinion how much justification would there be for removing a child from this home? Would you say. . .

complete justification	1
a great deal of justification	2
some justification, or	3
no justification at all?	4
DK/NOT SURE	8

16. Right now, how much justification is there for removing (this/these) child(ren)? Would you say. . .

complete justification	1	(a)
a great deal of justification	2	
some justification, or	3	(17)
no justification at all?	4	
DK/NOT SURE	8	

a. Are you considering removing the child(ren)?

YES	1
NO	2
DK/NOT SURE	8

17. On your most recent visit to the home of [CHILD(REN)], did you find. . .

		YES	NO	DID NOT CHECK OR OBSERVE
a.	it in generally good repair, that is, no broken windows, holes in the walls, peeling paint, or exposed wiring?	1	2	6
b.	the electricity in working order?	1	2	6
c.	the toilet, bath and shower in working order?	1	2	6
d.	the refrigerator and stove in working order?	1	2	6
e.	the heating/air conditioning in working order?	1	2	6
f.	any rat and/or roach infestation?	1	2	6
g.	adequate number of beds and bedding?	1	2	6
h.	pots and pans and eating utensils?	1	2	6
i.	basic foods, such as bread, cereal, milk, fruits and vegetables, and some form of protein?	1	2	6
j.	the child(ren) to be generally clean?	1	2	6
k.	the children appropriately clothed?	1	2	6
l.	the home to be generally safe?	1	2	6
m.	the neighborhood to be generally safe?	1	2	6

Now I have a different question.

18. Does the alleged perpetrator deny the charges or maintain that (his/her) actions were proper?

YES	1
NO	2
DK/NOT SURE	8

440

19. Please look at the card you were sent, Q19. Tell me whether the child(ren), the caretaker (or other adult members of the household) have these problems?

(READ EACH ITEM. CODE YES, NO, OR DON'T KNOW – Y, N, DK – FOR EACH ITEM AND PERSON. IF NO OTHER ADULTS IN HOUSEHOLD, CIRCLE NA, NOT APPLICABLE).

	CHILD(REN)			CARETAKER			OTHER ADULT HOUSEHOLD MEMBERS			
PROBLEMS	Y	N	DK	Y	N	DK	Y	N	NA	DK
a. Physical health problems or disabilities. Are those problems that the child(ren), the caretaker, or other adult household members have? Who?	1	2	8	1	2	8	1	2	6	8
b. Depression	1	2	8	1	2	8	1	2	6	8
c. Other mental illness?	1	2	8	1	2	8	1	2	6	8
d. Mental retardation?	1	2	8	1	2	8	1	2	6	8
e. Parent child conflict?	1	2	8	1	2	8	1	2	6	8
f. Few or no friends?	1	2	8	1	2	8	1	2	6	8
(FOR CHILDREN 11 AND UP) g. Alcoholism	1	2	8	1	2	8	1	2	6	8
h. Drug abuse	1	2	8	1	2	8	1	2	6	8

19. (cont'd) The next problems are ones that mainly the caretaker (or other adult members of the household) might have.

PROBLEMS	CHILD(REN)			CARETAKER			OTHER ADULT HOUSEHOLD MEMBERS			
	Y	N	DK	Y	N	DK	Y	N	NA	DK
i. Domestic violence. Is that a problem that the caretaker (or the other adults in the household) have?				1	2	8	1	2	6	8
j. Conflict with relatives				1	2	8	1	2	6	8
k. Conflict with neighbors				1	2	8	1	2	6	8
l. Inadequate supervision of children				1	2	8	1	2	6	8
m. Insufficient income for necessities such as food, rent or clothing				1	2	8	1	2	6	8
n. Arrests or convictions on criminal charges				1	2	8	1	2	6	8
o. Overly severe discipline measures toward children				1	2	8	1	2	6	8
p. Lack of education or job skills				1	2	8	1	2	6	8
q. Finding or holding on to a place to live				1	2	8	1	2	6	8
r. Parenting skills in general				1	2	8	1	2	6	8
s. Relationship problems between caretaker and spouse or partner				1	2	8	1	2	6	8
t. Unemployment or underemployment				1	2	8	1	2	6	8
u. Lack of discipline toward children				1	2	8	1	2	6	8
And these last are only problems of children.	Y	N	DK							
v. Child(ren)'s learning problems	1	2	8							
w. Child(ren)'s health problems	1	2	8							
x. Child(ren)'s behavior or delinquency problems	1	2	8							
y. Teenage pregnancy	1	2	8							
	Y	N	DK	Y	N	DK	Y	N	NA	DK
z. Any other problems that the children, the caretaker (or the other adults in the household) have? (SPECIFY PROBLEM AND WHOSE IT IS)	1	2	8	1	2	8	1	2	6	8

REFER TO HOUSEHOLD ENUMERATION FOR NAME OF CARETAKER

20. The next question is about the caretaking abilities of (NAME), the caretaker we identified earlier. Use Card Q20 when responding to this question.

On a scale of 0 - 4, with . . .

0 meaning not adequate, and
4 meaning very adequate,

tell me the number that expresses your opinion of (NAME)'s caretaking abilities.

		NUMBER 0 - 4	DK NOT OBSERVED
a.	Providing enough food that is nutritionally balanced. How would you rate that from 0 - 4?	___	8
b.	Displaying affection toward the children	___	8
c.	Respecting child(ren)'s opinions	___	8
d.	Responding patiently to child(ren)'s questions	___	8
e.	Responding to child(ren)'s emotional needs	___	8
f.	Providing learning opportunities for child(ren)	___	8
g.	Setting firm and consistent limits and rules for the child(ren)	___	8
h.	Providing adequate personal supervision or responsible childcare	___	8
i.	Attending to children's health needs, such as keeping medical appointments, getting immunizations and medical care when needed.	___	8

BOX 2

REFER TO CASE INFORMATION FORM AND HHE, COL G

ENTER PERSON #(S) AND NAME(S) OF ALL CHILDREN UNDER HEADINGS BELOW, STARTING WITH THE YOUNGEST CHILD VICTIM.

21. And we would also like your assessment of each child in this case. Use Card Q21 to help answer this question.
ASK a-h FOR EACH CHILD BEFORE GOING TO NEXT CHILD.

	PERSON #, NAME			PERSON #, NAME			PERSON #, NAME			PERSON #, NAME		
	Y	N	DK	Y	N	DK	Y	N	DK	Y	N	DK
a. Is (CHILD) alert and interested in what is going on?	1	2	8	1	2	8	1	2	8	1	2	8
b. Does (CHILD) appear to be small in size and light in weight for (his/her) age?	1	2	8	1	2	8	1	2	8	1	2	8
c. Does (CHILD) appear to be irritable and easily upset?	1	2	8	1	2	8	1	2	8	1	2	8
IF THE ONLY CHILD IS UNDER 3 MONTHS, GO TO 22												
d. Do you think (CHILD)'s use of language or vocabulary is adequate for (his/her) age?	1	2	8	1	2	8	1	2	8	1	2	8
IF THE ONLY CHILD IS UNDER 5 YEARS, GO TO 22												
e. Is (CHILD) aggressive toward the caretaker?	1	2	8	1	2	8	1	2	8	1	2	8
f. Does (CHILD) have problems in school?	1	2	8	1	2	8	1	2	8	1	2	8
g. In the last 3 months has (CHILD) been a truant from school?	1	2	8	1	2	8	1	2	8	1	2	8
h. In the last 3 months has (CHILD) run away from home?	1	2	8	1	2	8	1	2	8	1	2	8

PERSON #, NAME			PERSON #, NAME			PERSON #, NAME			PERSON #, NAME		
Y	N	DK	Y	N	DK	Y	N	DK	Y	N	DK
1	2	8	1	2	8	1	2	8	1	2	8
1	2	8	1	2	8	1	2	8	1	2	8
1	2	8	1	2	8	1	2	8	1	2	8
1	2	8	1	2	8	1	2	8	1	2	8
1	2	8	1	2	8	1	2	8	1	2	8
1	2	8	1	2	8	1	2	8	1	2	8
1	2	8	1	2	8	1	2	8	1	2	8
1	2	8	1	2	8	1	2	8	1	2	8

22. In the past month, has anyone in this family been referred for services by you, by another unit of this agency, or by any other agency?

YES	1	(23)
NO	2	END
DK	8	END

23. List the service(s) and the name of the agency providing the service(s)?

a. SERVICE(S)	b. AGENCY PROVIDING SERVICE

These are all the questions I have.

I will be calling you again shortly after (DATE) to update your information on this case. What would be a good day of the week and time to try to reach you? Is there someone who always knows where you can be reached?

Thank you very much for your time and help.

TRC INTERVIEWER, PLEASE NOTE:

ANY CONCERN ABOUT THE INTERVIEW OR THE STUDY, OR QUESTIONS ABOUT THE CONTACT FORMS EXPRESSED TO YOU BY THE CASEWORKER, MUST BE COMMUNICATED TO YOUR SUPERVISOR **IMMEDIATELY** FOLLOWING THE INTERVIEW.

DO NOT ATTEMPT TO RESPOND TO QUESTIONS OR CONCERNS. TELL THE CASEWORKER THAT YOU WILL NOTIFY THE PROJECT OFFICE. AND THAT THE WORKER'S CONCERN WILL BE DEALT WITH PROMPTLY. RECORD WHAT THE WORKER SAID ON THE CALL RECORD AND BRING TO ATTENTION OF SUPERVISOR.

____
INTERVIEWER SIGNATURE

_________/_________/_________
DATE

7. **NEW ADDRESS, IF MOVED SINCE PREVIOUS VISIT:**

______________________________ APT# ☐ OR SINGLE FAMILY HOUSE ________ ☐

# STREET

____

CITY OR TOWN / ZIP CODE / STATE

PHONE # _______________________________________

AC /

Please return this form to:

National Evaluation of Family Service
Westat, Inc.
1650 Research Blvd., Room TB 23F
Rockville, MD 20850-3129

A federal agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a currently valid OMB control number. Public reporting burden for this collection of information is estimated to vary from 3 to 7 minutes with an average of 5 minutes per response, including time for reviewing instructions, searching existing data sources, gathering and maintaining the necessary data, and completing and reviewing the collection of information. Send comments regarding the burden estimate or any other aspect of this collection of information to the OS Reports Clearance Officer, ASMB/Budget/DIOR, Room 503H HHH Bldg., 200 Independence Ave. SW, Washington D.C. 20201.

CONTACT REPORT

COMPLETE AND MAIL THIS FORM WITHIN 24 HRS. OF EACH VISIT.

Site: ____________ Agency Name ____________ Worker Completing Form ____________

Family Name ____________________________ Case # ____________

Date of Contact: ___/___/___ (MO DA YR) Time: Arrived ______ ☐ AM ☐ PM Left ______ ☐ AM ☐ PM

1. Since your last visit, how many phone calls that lasted 5 minutes or more have you had with this family? ________ # calls

---

2. Location of Contact Family Home ☐ Agency Office ☐ In Transit ☐ Other Agency ☐
Somewhere else. ☐ Where? ____________________

---

3. WHO WAS PRESENT IN THE ROOM DURING THIS VISIT?

	Yes	No		Yes	No		Yes	No
a. Primary caretaker of focal child(ren)	☐	☐	c. Other adult family member(s)	☐	☐	e. Child(ren)	☐	☐
b. Other parent of focal child(ren)	☐	☐	d. Other adult non-family member(s)	☐	☐	f. Other worker	☐	☐

---

4. CONCRETE SERVICES PROVIDED BY YOU THIS VISIT:

	Yes	No		Yes	No		Yes	No
a. Emergency Cash or Paying Bills	☐	☐	d. Buying food	☐	☐	g. Clothing, furniture, supplies	☐	☐
b. Transportation	☐	☐	e. Child Care	☐	☐	h. Other Concrete Services	☐	☐
c. Chores (cleaning, repairs)	☐	☐	f. Helping to find housing	☐	☐			

SPECIFY OTHER CONCRETE SERVICES: ____________________

---

5. DISCUSSION, COUNSELING, OR INSTRUCTION ABOUT ...

	Yes	No		Yes	No		Yes	No
a. Nutrition or infant feeding	☐	☐	i. Dealing with violence in family	☐	☐	q. Referral for other agency services	☐	☐
b. Money Management	☐	☐	j. School problems	☐	☐	r. Supervision of child(ren)	☐	☐
c. Discipline of child(ren)	☐	☐	k. Caretaker depression	☐	☐	s. Substance abuse	☐	☐
d. Medical or dental needs of child(ren)	☐	☐	l. Other caretaker emotional problems	☐	☐	t. Child development	☐	☐
						u. Sexual abuse	☐	☐
e. Medical or dental needs of adults	☐	☐	m. Caretaker interaction with child	☐	☐	v. Social skills	☐	☐
f. Child(ren)'s anger management	☐	☐	n. Goals of work together	☐	☐	w. Adult companionship, friendship, intimacy	☐	☐
			o. Termination	☐	☐			
g. Conflict among adults	☐	☐				x. Facilitating visitation arrangements	☐	☐
h. Family planning	☐	☐	p. Career, work, or employment	☐	☐			
						y. Other topics	☐	☐

SPECIFY OTHER TOPICS: ____________________

6. Review items checked in Q4 and Q5. Circle the letters of the item(s) that were the major focus of the contact.

IF MOVED SINCE PREVIOUS VISIT, CHECK THIS BOX ☐ AND PROVIDE NEW ADDRESS AND PHONE # ON THE BACK OF THIS FORM.

Place this form in the prepaid addressed envelope, and mail to WESTAT. If you have any questions please contact the Westat Site Coordinator. Thank you for your help.

13. During the investigation . . .

a. Did you personally provide services (other than monitoring) to help this family?

Yes	1
No	2

b. Did you make any referrals to services for this family?

Yes	1
No	2

14. During the investigation of this case, how many visits did you make to the home and actually meet with one or more members of the household?

____
# OF VISITS
DID NOT VISIT 96

15. What actions were taken concerning the removal of the child(ren)?
(READ ALL RESPONSES; THEN PLACE AN X IN ONE BOX)

a.	You or another social worker removed the child(ren)	1
b.	You or another social worker asked the police or other authorities to remove the (child)ren	2
c.	Police or other authorities removed the child(ren) on their own (without being asked to do so by a social worker)	3
d.	The child(ren) were not removed	4

Your name: ______________________________ Date: ____/____/____
MO DAY YR

Case # ____________________

Place the completed questionnaire in the enclosed envelope and mail immediately.

Thank you very much for your help.

10. Did you obtain information from . . .

	Yes	No
a. Law enforcement (police, sheriff etc.)?	1	2
b. Hospital, clinic, or doctor?	1	2
c. School?	1	2
d. Other agency? What kind?	1	2

(1) ______________________________
TYPE OF AGENCY

(2) ______________________________
TYPE OF AGENCY

11. Did you talk by phone or in person with the following individuals involved in the investigation?

	Talked by phone only	Talked in person only	Talked both by phone & in person	Did not talk to individual
a. The perpetrator(s)	1	2	3	6
b. The caretaker	1	2	3	6
c. Child(ren) in complaint	1	2	3	6
d. Neighbor(s)	1	2	3	6
e. Relative(s)	1	2	3	6
f. Complainant(s)	1	2	3	6
g. Others; who? (PLEASE SPECIFY BELOW)				
______________________	1	2	3	6
______________________	1	2	3	6

12. Does the perpetrator deny all or most of the charges, or maintain that his or her actions were proper?

Yes	1
No	2
DON'T KNOW	8

4. Did a law enforcement person take part in the investigation?

Yes	1
No	2

5A. Did the allegation(s) involve the following harm to a child?

5B. Was the alleged harm confirmed by a physician?

	5A. Yes	5A. No	5B. Yes	5B. No	5B. Harm Not Alleged
a. Physical harm (other than sex abuse)?	1	2	1	2	6
b. Sex abuse?	1	2	1	2	6
c. Drug presence in a newborn child?	1	2	1	2	6
d. Alcohol presence in a newborn child?	1	2	1	2	6

6. Did you, or someone else from your agency, contact the source of the recent complaint?

Yes, I personally	1
Yes, another worker	2
NO, COMPLAINT SOURCE NOT CONTACTED	3

7. Did you or another worker visit the home?

Yes, I or another worker	1
No	2

8. Did you talk to the child's caretaker?

Yes	1
No	2

9. Did you or another worker find it difficult to gain admission to the home?

Yes	1
No	2
DID NOT VISIT HOME	6

1. On what date was the complaint received?

______ / ______ / ______
MO DAY YR
DON'T KNOW/NOT SURE 98

2. a. On what date did you first see or talk to a member of the family to begin the investigation?

______ / ______ / ______
MO DAY YR

b. On what date did you complete the investigation?

______ / ______ / ______
MO DAY YR
Investigation ongoing 00

3. Who filed the recent complaint? (CIRCLE ALL THAT APPLY)

a.	Medical or public health personnel (doctor, nurse, hospital etc.)	01
b.	School personnel (teacher, school counselor, school nurse, school social worker, etc.)	02
c.	Child care personnel	03
d.	Law enforcement personnel (police, sheriff, etc.)	04
e.	Social service agency personnel	05
f.	Caretaker	06
g.	Child victim	07
h.	Other household member	08
i.	Relative(s) not in household	09
j.	Neighbor(s), other non-relative(s) not in household	10
k.	Anonymous person	11
l.	Someone else. Who? ____________________	12
m.	Don't know	98

INVESTIGATING WORKER QUESTIONNAIRE

INSTRUCTIONS

The National Evaluation of Family Services is an experimental evaluation of Family Preservation Services. We are asking you to provide information about the ______________________________ family, which we understand you investigated in response to a report of abuse or neglect. This form includes questions about the investigation and your findings.

- Please refer to your records as you complete this form.
  (It is easy to confuse the details of one case with another).
- Where appropriate, circle the answer that reflects your answer to the questions.
- You may use pen or pencil.
- Answer **all** questions; do not skip any.
- Some questions or answer choices will appear not to apply to you or to your case. You should always find a check box that allows you to indicate that.
- To some questions you may not know the answer, and there should be a place that allows you to indicate that, too.

  If you are unable to answer a question even after having checked your records, and the form offers no way for you to respond, write DK and explain in the margin.
- Remember, as you complete the form that this is not a test. There are no right or wrong answers; only answers that are true for you and your case.

* * *

The Investigating Worker is a key person in the public child welfare system, and your contribution to this study is of great importance. We appreciate your taking the time to complete this questionnaire thoughtfully, and look forward to receiving it within a week after the case is assigned to you. Thank you very much for your cooperation. If you have any questions please contact Ginny Grimes at 1-800-937-8281.

Ronna J. Cook
Project Director

OMB No.: 0990-0210
Expiration Date: 04/30/99

NATIONAL EVALUATION OF FAMILY SERVICES

Kentucky Investigating Worker Questionnaire

(Family Preservation)

(IWFP)

PREPARED FOR:

THE ASSISTANT SECRETARY
FOR PLANNING AND EVALUATION (ASPE)
DEPARTMENT OF HEALTH & HUMAN SERVICES

PREPARED BY:

WESTAT, INC.
ROCKVILLE, MD

THE CHAPIN HALL CENTER
FOR CHILDREN
UNIVERSITY OF CHICAGO

JAMES BELL ASSOCIATES
ARLINGTON, VA

A federal agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a currently valid OMB control number. Public reporting burden for this collection of information is estimated to vary from 10 to 20 minutes with an average of 15 minutes per response, including time for reviewing instructions, searching existing data sources, gathering and maintaining the necessary data, and completing and reviewing the collection of information. Send comments regarding the burden estimate or any other aspect of this collection of information to the OS Reports Clearance Officer, ASMB/Budget/DIOR, Room 503H HHH Bldg., 200 Independence Ave. SW, Washington D.C. 20201.

BEST COPY AVAILABLE

20. Do you consider yourself . . .
(PLACE X IN APPROPRIATE BOX)

a. Black (not Hispanic) .... ☐ (01)
b. White (not Hispanic) .... ☐ (02)
c. Hispanic .... ☐ (03)
d. Amer. Ind., Eskimo, or Aleut. .... ☐ (04)
e. Asian or Pacific Isl. .... ☐ (05)
f. Other (SPECIFY) ____________________ ☐ (06)

Thank you very much for your help.

What is your name? ____________________/____________________
FIRST LAST

What is your agency's name? ____________________/____________/__________
CITY OR TOWN STATE

What is your position?

CASEWORKER .... ☐ (1)
CASE MANAGER .... ☐ (2)
SUPERVISOR .... ☐ (3)
OTHER (PLEASE SPECIFY) .... ☐ (4)

____

Date completed: _____ / _____ / _____
MO DAY YR

15. Sex: Male ☐ (1) Female ☐ (2)

16. What is the highest education level you have attained?
(PLACE X IN APPROPRIATE BOX)

a. Less than high school education .... ☐ (01)
b. High School graduation (or GED) .... ☐ (02)
c. 1-2 years college (no degree) .... ☐ (03)
d. Community college associate degree .... ☐ (04)
e. 3-4 years college (no degree) .... ☐ (05)
f. Bachelor's degree .... ☐ (06)
g. Graduate study (no degree) .... ☐ (07)
h. Master's degree .... ☐ (08)
i. Doctoral degree .... ☐ (09)

17. IF YOU HAVE A BACHELOR'S, MASTER'S OR DOCTORAL DEGREE:

What was your major field of study?

____

MAJOR FIELD OF STUDY FOR HIGHEST DEGREE ATTAINED

18. How many years of experience have you had in the following kinds of work?
(THE YEARS MAY OVERLAP)

	YEARS
a. Social work in general	______
b. Child welfare social work	______
c. Supervising others in social work	______
d. Delivering family preservation services	______

19. Over the past 12 months, have you participated in the following?
(PLACE X IN YES OR NO BOX FOR EACH ITEM)

	YES	NO
a. On the job training?	☐ (1)	☐ (2)
b. Attended a work-related seminar or workshop?	☐ (1)	☐ (2)
c. Taken for-credit courses in a degree program?	☐ (1)	☐ (2)
d. Taken non-credit courses in a work related topic?	☐ (1)	☐ (2)
e. Other in-service training?	☐ (1)	☐ (2)

13. Here are some statements about your reactions to work with clients. Check the box that best indicates your agreement or disagreement with each statement.

	Strongly agree	Somewhat agree	Somewhat disagree	Strongly disagree
a. I feel I treat some of my clients as "impersonal objects"	☐ (1)	☐ (2)	☐ (3)	☐ (4)
b. I deal very effectively with the problems of my clients	☐ (1)	☐ (2)	☐ (3)	☐ (4)
c. I have become more callous toward people since being on this job	☐ (1)	☐ (2)	☐ (3)	☐ (4)
d. Many clients cannot be helped no matter what I do	☐ (1)	☐ (2)	☐ (3)	☐ (4)
e. I think clients often blame me for their problems	☐ (1)	☐ (2)	☐ (3)	☐ (4)
f. I have accomplished much that is worthwhile in this job	☐ (1)	☐ (2)	☐ (3)	☐ (4)
g. I feel "burned out" from my work	☐ (1)	☐ (2)	☐ (3)	☐ (4)

14. How prepared do you feel to deal with each of the following casework issues – on a scale of 1 to 5 where 1 = Very well prepared and 5 = Poorly prepared? (CIRCLE A NUMBER IN EACH LINE)

	Very well prepared				Poorly prepared	Do not perform this task
a. Assessing problems	1	2	3	4	5	6
b. Assessing risk	1	2	3	4	5	6
c. Case planning	1	2	3	4	5	6
d. Assessing family functioning	1	2	3	4	5	6
e. Assessing child functioning	1	2	3	4	5	6
f. Family systems	1	2	3	4	5	6
g. Building client relationships	1	2	3	4	5	6
h. Counseling families	1	2	3	4	5	6
i. Permanency planning	1	2	3	4	5	6
j. Knowing when to terminate a case	1	2	3	4	5	6

12. We would like your personal views on a number of child welfare and family service issues. Please indicate how much you agree or disagree with each of the following statements:
(PLACE X IN APPROPRIATE BOX)

	Strongly agree	Somewhat agree	Somewhat disagree	Strongly disagree
a. Child abuse and neglect are social problems driven by strong social forces to the extent that social work services cannot do much to save children from danger	☐ (1)	☐ (2)	☐ (3)	☐ (4)
b. No matter how bad a natural family is, foster care is usually worse	☐ (1)	☐ (2)	☐ (3)	☐ (4)
c. There are many cases in which children remain at home and would have been better off in a good foster home	☐ (1)	☐ (2)	☐ (3)	☐ (4)
d. It is never justified to take chances with the lives of children	☐ (1)	☐ (2)	☐ (3)	☐ (4)
e. If a child I left at home were seriously injured due to maltreatment, I would find it hard to forgive myself	☐ (1)	☐ (2)	☐ (3)	☐ (4)
f. Removing a child from his or her parents can be so deep a trauma to the child that it is almost always worth taking a risk to leave the child with his or her parents	☐ (1)	☐ (2)	☐ (3)	☐ (4)
g. Families who deny the truth of a validated allegation of abuse or neglect are such poor prospects for service that placement is usually justified	☐ (1)	☐ (2)	☐ (3)	☐ (4)
h. Most families with records of several past complaints should not be given any more chances to change	☐ (1)	☐ (2)	☐ (3)	☐ (4)
i. Placement prevention should be the primary goal of family preservation programs	☐ (1)	☐ (2)	☐ (3)	☐ (4)
j. Only families with a child at imminent risk of placement should be referred to intensive family preservation services	☐ (1)	☐ (2)	☐ (3)	☐ (4)

9. Estimate the percent of time you spend on the following:
(THE TOTAL MAY ADD TO LESS THAN 100%)

	PERCENT OF YOUR TIME
a. Abuse/neglect complaint investigations	______ %
b. Family preservation services	______ %
c. Foster care placement and/or supervision	______ %
d. Follow-up services for abuse/neglect families	______ %

10. How satisfied or dissatisfied are you with various aspects of your job?
(CIRCLE A NUMBER IN EACH LINE.)

	Degree of Satisfaction				
	High				Low
a. Your salary?	1	2	3	4	5
b. Your workload?	1	2	3	4	5
c. Supervision?	1	2	3	4	5
d. Work difficulty?	1	2	3	4	5
e. Chances of promotion?	1	2	3	4	5
f. Fringe benefits?	1	2	3	4	5

11. As you see things now, what are your future employment plans?
(PLACE X IN ONLY ONE BOX)

a. I do not plan to look for other employment in the immediate future ☐ (1)

b. I would like to change jobs but am not actively looking ☐ (2)

c. I am looking for other employment but have not found anything ☐ (3)

d. I have definite arrangements to take another job ☐ (4)

1. When were you first hired by this agency?

______ / ______
MO YR

2. When were you appointed to your present position?

______ / ______
MO YR

	YES	NO
3. Do you carry a caseload?	☐ (1)	☐ (2)

4. What is your usual caseload – the number of families to whom you provide services?

____
NUMBER OF FAMILIES

DO NOT CARRY A CASELOAD .... ☐ (96)

5. Over the past six months, what is the largest number of families you have had in your caseload at any one time?

____
NUMBER OF FAMILIES

DO NOT CARRY A CASELOAD .... ☐ (96)

	YES	NO
6. Do you have any supervisory responsibilities?	☐ (1)	☐ (2)

7. How many persons do you supervise? ______________
NUMBER OF PERSONS

NO SUPERVISORY RESPONSIBILITIES .... ☐ (96)

8. What percent of your time is spent in supervision?

______________%
PERCENT TIME

NO SUPERVISORY RESPONSIBILITIES .... ☐ (96)

INSTRUCTIONS

The National Evaluation of Family Services is an experimental evaluation of Family Preservation Services. As a key person in the public child welfare system whose contribution to this study is of great importance. we ask that you take the time to complete this questionnaire thoughtfully and return it within 1 week of receiving it.

This questionnaire deals with your experiences as a social work professional, and your views of the profession. We want to assure you that the information you provide will be kept in complete confidence and will be made public only when your answers have been combined in statistical form with those of other workers. At no time will your name be associated with your answers to these questions; no one at your agency will see this questionnaire after it is completed.

- Where appropriate, place an X in each check box that reflects your answers to the questions, like this ☒.
- You may use pen or pencil.
- Answer all questions; do not skip any.
- If you wish to comment on any questions or explain your answers, feel free to do so in the margin, but it is not necessary to do so.
- Remember as you complete the form that this is not a test. There are no right or wrong answers; only answers that are true for you.

Place the completed questionnaire in the enclosed prepaid envelope and mail it within a week.

Thank you very much for your cooperation.

Ronna J. Cook
Project Director

OMB No.: 0990- 0210
Expiration Date: 04/30/99

NATIONAL EVALUATION OF FAMILY SERVICES

Staff Questionnaire

(Family Preservation/Reunification)

(STFP)

PREPARED FOR:

THE ASSISTANT SECRETARY
FOR PLANNING AND EVALUATION (ASPE)
DEPARTMENT OF HEALTH & HUMAN SERVICES

PREPARED BY:

WESTAT, INC.
ROCKVILLE, MD

THE CHAPIN HALL CENTER
FOR CHILDREN
UNIVERSITY OF CHICAGO

JAMES BELL ASSOCIATES
ARLINGTON, VA

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BEST COPY AVAILABLE

These are all the questions I have. Thank you very much for your help.

TRC INTERVIEWER, PLEASE NOTE:

ANY CONCERN ABOUT THE INTERVIEW OR THE STUDY, EXPRESSED TO YOU BY THE CASEWORKER, MUST BE COMMUNICATED TO THE PROJECT OFFICE BY E-MAIL **IMMEDIATELY** FOLLOWING THE INTERVIEW.

BE SURE TO INCLUDE THE PHONE NUMBER AT WHICH YOU REACHED THE WORKER.

DO NOT ATTEMPT TO RESPOND TO QUESTIONS OR CONCERNS. TELL THE CASEWORKER THAT YOU WILL NOTIFY THE PROJECT OFFICE, AND THAT THE WORKER'S CONCERN WILL BE DEALT WITH PROMPTLY.

____
INTERVIEWER SIGNATURE

__________/__________/__________
DATE

F. Was termination of parental rights ever sought for the biological father? YES NO	G. Have parental rights ever been terminated for the biological father? YES NO	H. In what month and year were the biological father's rights terminated?	I. Through what procedure was termination sought/obtained, voluntary or court-ordered? V C
1 (G) 2 (END)	1 (H) 2 (I)	|__|__| |__|__| MO YR	1 2
1 (G) 2 (END)	1 (H) 2 (I)	|__|__| |__|__| MO YR	1 2
1 (G) 2 (END)	1 (H) 2 (I)	|__|__| |__|__| MO YR	1 2
1 (G) 2 (END)	1 (H) 2 (I)	|__|__| |__|__| MO YR	1 2
1 (G) 2 (END)	1 (H) 2 (I)	|__|__| |__|__| MO YR	1 2
1 (G) 2 (END)	1 (H) 2 (I)	|__|__| |__|__| MO YR	1 2
1 (G) 2 (END)	1 (H) 2 (I)	|__|__| |__|__| MO YR	1 2
1 (G) 2 (END)	1 (H) 2 (I)	|__|__| |__|__| MO YR	1 2

31. Now I need some information about the parental rights for each child.

A. ENTER NAME(S) AND PERSON #'s OF CHILDREN WHO ARE "PART OF THE CASE" IN COL. A. ASK B-I FOR EACH CHILD.

A. CHILD'S NAME AND PERSON #		B. Was termination of parental rights ever sought for the birth mother?		C. Have parental rights been terminated for the birth mother?		D. In what month and year were the mother's rights terminated?	E. Through what procedure was termination sought/ obtained. voluntary or court-ordered?	
PERSON #	NAME	YES	NO	YES	NO		V	C
________	______________	1 (C)	2 (F)	1 (D)	2 (E)	☐☐ ☐☐ MO YR	1	2
________	______________	1 (C)	2 (F)	1 (D)	2 (E)	☐☐ ☐☐ MO YR	1	2
________	______________	1 (C)	2 (F)	1 (D)	2 (E)	☐☐ ☐☐ MO YR	1	2
________	______________	1 (C)	2 (F)	1 (D)	2 (E)	☐☐ ☐☐ MO YR	1	2
________	______________	1 (C)	2 (F)	1 (D)	2 (E)	☐☐ ☐☐ MO YR	1	2
________	______________	1 (C)	2 (F)	1 (D)	2 (E)	☐☐ ☐☐ MO YR	1	2
________	______________	1 (C)	2 (F)	1 (D)	2 (E)	☐☐ ☐☐ MO YR	1	2
________	______________	1 (C)	2 (F)	1 (D)	2 (E)	☐☐ ☐☐ MO YR	1	2

BOX 5

REFER TO CASE INFORMATION FORM

THIS IS A TREATMENT CASE .... 1 (29 AND 30)

THIS IS A CONTROL CASE 2 (30)

29. (Will/Have) you recommend(ed) that the case remain open with the public child welfare agency?

YES 1
NO 2

30. Have you recommended these further services . . .

	Yes	No
a. Monitoring of the case by the child welfare agency?	1	2
b. Mental health counseling?	1	2
c. A parent aide?	1	2
d. Homemaker services?	1	2
e. Health care?	1	2
f. Additional education?	1	2
g. Job training?	1	2
h. Housing assistance?	1	2
i. Any others?	1	2

SPECIFY ______________________________

____

25. Now, I would like to ask a few questions about your work with the family. (In the past month)/(Prior to the case closing) . . .

	READ CATEGORIES			
	Usually	Sometimes	Rarely	Never
a. Did you initiate appointments to meet with the caretaker?	1	2	3	4
b. Did the caretaker initiate the appointments?	1	2	3	4
c. Did the caretaker keep the appointments that were initiated by either of you?	1	2	3	4
d. In general, did the caretaker respond positively toward you?	1	2	3	4
e. Did the child(ren) respond positively toward you?	1	2	3	4
f. Did the caretaker carry out your suggestions?	1	2	3	4

26. Did the caretaker actively participate in the development of case plans?

YES 1
NO 2
DK 8

27. Did the caretaker agree to implement the case plans that were developed?

YES 1
NO 2
DK 8

28. Do conditions currently exist which could lead to removing the child(ren) from the home?

YES 1
NO 2
NO CHILDREN CURRENTLY IN
HOUSEHOLD 6
DON'T KNOW 8

21. What were the two main objectives that you expected to achieve with this family?

1. ______________________ 2. ______________________

______________________ ______________________

______________________ ______________________

22. Were these objectives identified when the case began or were they new objectives once you began working with the family?

	OBJECTIVE 1	OBJECTIVE 2
IDENTIFIED AT CASE BEGINNING	1	1
NEW OBJECTIVES	2	2

23. Were these objectives achieved, or not?

	OBJECTIVE 1	OBJECTIVE 2
YES	1	1
NO	2	2
PARTIALLY	3	3

24. All in all, do you think there has been great improvement, some improvement, things are about the same, things have gotten somewhat worse, or a great deal worse for this household?

Great improvement	1
Some improvement	2
About the same	3
Somewhat worse	4
A great deal worse	5

468

A.	B.	C.	D.	E.	F.	G.	H.
Services	Did you help with this (SERVICE)?	Did you tell client to get (SERVICE)?	Did you make an appointment for (SERVICE)?	Did you accompany the client to obtain (SERVICE)?	Did you follow up to find out whether (SERVICE) was provided?	Was the service provided?	Was it because the (SERVICE) was not needed, the client refused, or some other reason?
	YES NO	.YES NO	YES NO	YES NO	YES NO	YES NO	NN CR OR
n. Health assessment	1 2 (H)	1 2	1 2	1 2	1 2	1 (o) 2	1 2 3
o. Housing financial assistance	1 2 (H)	1 2	1 2	1 2	1 2	1 (p) 2	1 2 3
p. Other housing services	1 2 (H)	1 2	1 2	1 2	1 2	1 (q) 2	1 2 3
q. W.I.C.	1 2 (H)	1 2	1 2	1 2	1 2	1 (r) 2	1 2 3
r. Emergency financial assistance other than for housing Specify ________ ________	1 2 (H)	1 2	1 2	1 2	1 2	1 (s) 2	1 2 3
s. Job Training	1 2 (H)	1 2	1 2	1 2	1 2	1 (t) 2	1 2 3
t. Emergency shelter	1 2 (H)	1 2	1 2	1 2	1 2	1 (u) 2	1 2 3
u. Recreational services	1 2 (H)	1 2	1 2	1 2	1 2	1 (v) 2	1 2 3
v. Family planning	1 2 (H)	1 2	1 2	1 2	1 2	1 (w) 2	1 2 3
w. Self help groups	1 2 (H)	1 2	1 2	1 2	1 2	1 (x) 2	1 2 3
x. Household management	1 2 (H)	1 2	1 2		1 2	1 (y) 2	1 2 3
y. Homemaker services	1 2 (H)	1 2	1 2		1 2	1 (z) 2	1 2 3
z. Other SPECIFY ______ ________	1 2 (H)	1 2	1 2	1 2	1 2	1 (21) 2	1 2 3

20. Since (DATE), did you help any members of this case with the following services?

A.	B.	C.	D.	E.	F.	G.	H.
Services	Did you help with this (SERVICE)?	Did you tell client to get (SERVICE)?	Did you make an appointment for (SERVICE)?	Did you accompany the client to obtain (SERVICE)?	Did you follow up to find out whether (SERVICE) was provided?	Was the service provided?	Was it because the (SERVICE) was not needed, the client refused, or some other reason?
	YES NO	YES NO	YES NO	YES NO	YES NO	YES NO	NN CR OR
a. Childcare or baby sitting	1 2 (H)	1 2	1 2	1 2	1 2	1 (b) 2	1 2 3
b. AFDC or other public income support (except SSI)	1 2 (H)	1 2	1 2	1 2	1 2	1 (c) 2	1 2 3
c. SSI for adult or child	1 2 (H)	1 2	1 2	1 2	1 2	1 (d) 2	1 2 3
d. Food Stamps	1 2 (H)	1 2	1 2	1 2	1 2	1 (e) 2	1 2 3
e. Drug treatment	1 2 (H)	1 2	1 2	1 2	1 2	1 (f) 2	1 2 3
f. Alcoholism treatment	1 2 (H)	1 2	1 2	1 2	1 2	1 (g) 2	1 2 3
g. Legal aid	1 2 (H)	1 2	1 2	1 2	1 2	1 (h) 2	1 2 3
h. Help with education	1 2 (H)	1 2	1 2	1 2	1 2	1 (i) 2	1 2 3
I. Respite care	1 2 (H)	1 2	1 2	1 2	1 2	1 (j) 2	1 2 3
j. Parent training	1 2 (H)	1 2	1 2	1 2	1 2	1 (k) 2	1 2 3
k. Health care	1 2 (H)	1 2	1 2	1 2	1 2	1 (l) 2	1 2 3
l. Inpatient mental health	1 2 (H)	1 2	1 2	1 2	1 2	1 (m) 2	1 2 3
m. Outpatient mental health/ counseling	1 2 (H)	1 2	1 2	1 2	1 2	1 (n) 2	1 2 3

PERSON #, NAME			PERSON #, NAME			PERSON #, NAME			PERSON #, NAME		
Y	N	DK	Y	N	DK	Y	N	DK	Y	N	DK
1	2	8	1	2	8	1	2	8	1	2	8
1	2	8	1	2	8	1	2	8	1	2	8
1	2	8	1	2	8	1	2	8	1	2	8
1	2	8	1	2	8	1	2	8	1	2	8
1	2	8	1	2	8	1	2	8	1	2	8
1	2	8	1	2	8	1	2	8	1	2	8
1	2	8	1	2	8	1	2	8	1	2	8
1	2	8	1	2	8	1	2	8	1	2	8

BOX 4

REFER TO CASE INFORMATION FORM AND HHE, OLD COL G

ENTER NAMES OF ALL CHILDREN WHO ARE "PART OF THE CASE" UNDER
HEADINGS BELOW, STARTING WITH THE YOUNGEST.

19. And we would also like your assessment of each child in this case.
ASK a-h FOR EACH CHILD BEFORE GOING TO NEXT CHILD.

	PERSON #. NAME			PERSON #. NAME			PERSON #. NAME			PERSON #. NAME		
	Y	N	DK	Y	N	DK	Y	N	DK	Y	N	DK
a. Is (CHILD) alert and interested in what is going on?	1	2	8	1	2	8	1	2	8	1	2	8
b. Does (CHILD) appear to be small in size and light in weight for (his/her) age?	1	2	8	1	2	8	1	2	8	1	2	8
c. Does (CHILD) appear to be irritable and easily upset?	1	2	8	1	2	8	1	2	8	1	2	8
IF THE ONLY CHILD IS UNDER 3 MONTHS, GO TO Q20												
d. Do you think (CHILD)'s use of language or vocabulary is adequate for (his/her) age?	1	2	8	1	2	8	1	2	8	1	2	8
IF THE ONLY CHILD IS UNDER 5 YEARS, GO TO Q20												
e. Is (CHILD) aggressive toward the caretaker?	1	2	8	1	2	8	1	2	8	1	2	8
f. Does (CHILD) have problems in school?	1	2	8	1	2	8	1	2	8	1	2	8
g. In the last 3 months has (CHILD) been a truant from school?	1	2	8	1	2	8	1	2	8	1	2	8
h. In the last 3 months has (CHILD) run away from home?	1	2	8	1	2	8	1	2	8	1	2	8

18. The next question is about the caretaking abilities of (NAME), the caretaker we identified earlier.

On a scale of 0 - 4, with . . .

0 meaning not adequate, and
4 meaning very adequate,

tell me the number that expresses your opinion of (NAME)'s caretaking abilities.

		NUMBER 0 - 4	NOT OBSERVED OR DK
a.	Providing enough food that is nutritionally balanced. How would you rate that from 0 - 4?	___	8
b.	Displaying affection toward the children	___	8
c.	Respecting child(ren)'s opinions	___	8
d.	Responding patiently to child(ren)'s questions	___	8
e.	Responding to child(ren)'s emotional needs	___	8
f.	Providing learning opportunities for child(ren)	___	8
g.	Setting firm and consistent limits and rules for the child(ren)	___	8
h.	Providing adequate personal supervision or responsible childcare	___	8
i.	Attending to children's health needs, such as keeping medical appointments, getting immunizations and medical care when needed.	___	8

(cont'd)
The next problems are ones that mainly the caretaker (or other adult members of the household) have.

	CHILD(REN)			CARETAKER			OTHER ADULT HOUSEHOLD MEMBERS			
PROBLEMS	Y	N	DK	Y	N	DK	Y	N	NA	DK
i. Domestic violence. Is that a problem for the caretaker (or the other adults in the household)?				1	2	8	1	2	6	8
j. Conflict with relatives				1	2	8	1	2	6	8
k. Conflict with neighbors				1	2	8	1	2	6	8
l. Inadequate supervision of children				1	2	8	1	2	6	8
m. Insufficient income for necessities such as food, rent or clothing				1	2	8	1	2	6	8
n. Arrests or convictions on criminal charges				1	2	8	1	2	6	8
o. Overly severe discipline measures toward children				1	2	8	1	2	6	8
p. Lack of education or job skills				1	2	8	1	2	6	8
q. Finding or holding on to a place to live				1	2	8	1	2	6	8
r. Parenting skills in general				1	2	8	1	2	6	8
s. Relationship problems between caretaker and spouse or partner				1	2	8	1	2	6	8
t. Unemployment or underemployment				1	2	8	1	2	6	8
u. Lack of discipline toward children				1	2	8	1	2	6	8
And these last are only problems of children.	Y	N	DK							
v. Child(ren)'s learning problems	1	2	8							
w. Child(ren)'s health problems	1	2	8							
x. Child(ren)'s behavior or delinquency problems	1	2	8							
y. Teenage pregnancy	1	2	8							
				Y	N	DK	Y	N	NA	DK
z. Any other problems that the children, the caretaker (or the other adults in the household) have? (SPECIFY PROBLEM AND WHOSE IT IS)	1	2	8	1	2	8	1	2	6	8

____

16. The next question is about the conditions of the (NAME) household on your last visit. Did you find. . .

	YES	NO	DID NOT CHECK OR OBSERVE
a. it in generally good repair, that is, no broken windows, holes in the walls, peeling paint, or exposed wiring?	1	2	6
b. the electricity in working order?	1	2	6
c. the toilet, bath and shower in working order?	1	2	6
d. the refrigerator and stove in working order?	1	2	6
e. the heating/air conditioning in working order?	1	2	6
f. any rat and/or roach infestation?	1	2	6
g. adequate number of beds and bedding?	1	2	6
h. pots and pans and eating utensils?	1	2	6
i. basic foods, such as bread, cereal, milk, fruits and vegetables, and some form of protein?	1	2	6
j. the child(ren) to be generally clean?	1	2	6
k. the child(ren) appropriately dressed?	1	2	6
l. the home to be generally safe?	1	2	6
m. the neighborhood to be generally safe?	1	2	6

17. I'm going to read a list of common problems. Tell me whether the child(ren), the caretaker, or other adult members of the household have these problems now?

(CODE YES, NO OR DON'T KNOW – Y, N, DK – FOR EACH ITEM AND PERSON. IF NO 'OTHER ADULTS' IN HOUSEHOLD, CHECK NA, NOT APPLICABLE).

	CHILD(REN)			CARETAKER			OTHER ADULT HOUSEHOLD MEMBERS			
PROBLEMS	Y	N	DK	Y	N	DK	Y	N	NA	DK
a. Physical health problems or disabilities. Are those problems that affect the child(ren), the caretaker, or other adult household members? Whom?	1	2	8	1	2	8	1	2	6	8
b. Depression	1	2	8	1	2	8	1	2	6	8
c. Other mental illness	1	2	8	1	2	8	1	2	6	8
d. Mental retardation	1	2	8	1	2	8	1	2	6	8
e. Parent child conflict	1	2	8	1	2	8	1	2	6	8
f. Few or no friends	1	2	8	1	2	8	1	2	6	8
(FOR CHILDREN 11 & UP) g. Alcoholism	1	2	8	1	2	8	1	2	6	8
h. Drug abuse	1	2	8	1	2	8	1	2	6	8

NEW ALLEGATIONS (CONT'D)

D. PERPETRATOR NAME(S)	E. RELATIONSHIP TO CHILD	F. ALLEGATION STATUS				
		INDICATED	SUBSTANTIATED	UNFOUNDED	OTHER	
		01	02	03	04	(NEXT CHILD OR 16)
		01	02	03	04	
		01	02	03	04	
		01	02	03	04	
		01	02	03	04	(NEXT CHILD OR 16)
		01	02	03	04	
		01	02	03	04	
		01	02	03	04	
		01	02	03	04	(16)
		01	02	03	04	
		01	02	03	04	
		01	02	03	04	

15. Have there been any new allegations of abuse or neglect concerning (any of) the child(ren) in this household?

YES .... 1 (IF MORE THAN ONE CHILD, ASK (1). ELSE GO TO A)
NO 2 (16)

(1) Which children were involved in the new allegations? (A)

A. ENTER NAME(S) OF CHILD(REN) WHO (WAS/WERE) NEW VICTIM(S).
ASK B - F FOR EACH CHILD BEFORE GOING TO NEXT CHILD AND ENTER BELOW.

B. What allegations were made? (AGENCY CODES ARE ACCEPTABLE)

C. On what date was (the/each) allegation made?

D. What is the name of the perpetrator of (the/each) allegation?

E. What is the relationship of the perpetrator to the child?

F. What is the current status of (the/each) allegation . . . Indicated, Substantiated, or Unfounded?

NEW ALLEGATIONS

A.		B.	C.
PERSON #	NAME	ALLEGATIONS	DATES
____	____	1. ____________	___/___/___ MO DAY YR
		2. ____________	___/___/___ MO DAY YR
		3. ____________	___/___/___ MO DAY YR
		4. ____________	___/___/___ MO DAY YR
____	____	1. ____________	___/___/___ MO DAY YR
		2. ____________	___/___/___ MO DAY YR
		3. ____________	___/___/___ MO DAY YR
		4. ____________	___/___/___ MO DAY YR
____	____	1. ____________	___/___/___ MO DAY YR
		2. ____________	___/___/___ MO DAY YR
		3. ____________	___/___/___ MO DAY YR
		4. ____________	___/___/___ MO DAY YR

Now I need some information on court hearings.

ENTER NAME(S) AND PERSON #'s FROM HHE OF CHILD(REN) WHO ARE "PART OF THE CASE" IN COL A. ASK B-E FOR EACH CHILD.

14. B. In what month and year was the most recent court hearing, for (each/the) child?
ENTER IN COL B BELOW.

C. What was the purpose of that hearing?
ENTER IN COL C.

D. What was the disposition at that hearing for (CHILD)?
ENTER IN COL D.

E. Did the court hearing result in a change in legal status for the child?
CIRCLE YES OR NO IN COL E.

COURT HEARINGS

A. CHILD'S PERSON # & NAME FROM HHE PERSON # NAME	B. DATE OF HEARING	C. PURPOSE	D. DISPOSITION	E. CHANGE Y N
_____ _____	___/___ MO YR NO HEARING .. 00 (NC)	_____ (SPECIFY) CONTINUATION ONLY ..... 00 DK/NOT SURE 98	_____ (SPECIFY) DK/NOT SURE 98	1 2
_____ _____	___/___ MO YR NO HEARING .. 00 (NC)	_____ (SPECIFY) CONTINUATION ONLY ..... 00 DK/NOT SURE 98	_____ (SPECIFY) DK/NOT SURE 98	1 2
_____ _____	___/___ MO YR NO HEARING .. 00 (NC)	_____ (SPECIFY) CONTINUATION ONLY ..... 00 DK/NOT SURE 98	_____ (SPECIFY) DK/NOT SURE 98	1 2
_____ _____	___/___ MO YR NO HEARING .. 00 (NC)	_____ (SPECIFY) CONTINUATION ONLY ..... 00 DK/NOT SURE 98	_____ (SPECIFY) DK/NOT SURE 98	1 2
_____ _____	___/___ MO YR NO HEARING .. 00 (NC)	_____ (SPECIFY) CONTINUATION ONLY ..... 00 DK/NOT SURE 98	_____ (SPECIFY) DK/NOT SURE 98	1 2
_____ _____	___/___ MO YR NO HEARING .. 00 (NC)	_____ (SPECIFY) CONTINUATION ONLY ..... 00 DK/NOT SURE 98	_____ (SPECIFY) DK/NOT SURE 98	1 2
_____ _____	___/___ MO YR NO HEARING .. 00 (NC)	_____ (SPECIFY) CONTINUATION ONLY ..... 00 DK/NOT SURE 98	_____ (SPECIFY) DK/NOT SURE 98	1 2
_____ _____	___/___ MO YR NO HEARING .. 00 (15)	_____ (SPECIFY) CONTINUATION ONLY ..... 00 DK/NOT SURE 98	_____ (SPECIFY) DK/NOT SURE 98	1 2

13. I need to know the number of foster care episodes (each/the) child "PART OF THE CASE" has had since (DATE). By that I mean the separate number of times the child was placed in foster care from home? ASK FOR EACH CHILD.

A. PERSON NUMBER FROM HHE	B. CHILD NAME	C. # FOSTER CARE EPISODES	D. CURRENTLY IN FOSTER CARE	E. DATE CURRENT EPISODE BEGAN	F. DATE PRIOR EPISODE BEGAN	G. DATE PRIOR EPISODE ENDED	H. DATE PRIOR EPISODE BEGAN	I. DATE PRIOR EPISODE ENDED
ENTER CHILD'S PERSON NUMBER FROM HHE		Altogether, how many foster care episodes has (CHILD) had since (DATE)? NC=NEXT CHILD	REFER TO HHE, COL J. IF CHILD CURRENTLY IN FOSTER CARE, CODE 1; ELSE CODE 2.	In what month and year did the current foster care episode begin? IF ONLY 1 EPISODE, GO TO NEXT CHILD	In what month and year did the (most recent foster care episode/ episode before that) begin?	And, in what month and year did that episode end?	In what month and year did the (most recent foster care episode/ episode before that) begin?	And, in what month and year did that episode end?
___ PER. #	___ NAME	___ # IF 0 (NC)	1 (E) 2 (F)	___/___ MO YR	___/___ MO YR	___/___ MO YR	___/___ MO YR	___/___ MO YR
___ PER. #	___ NAME	___ # IF 0 (NC)	1 (E) 2 (F)	___/___ MO YR	___/___ MO YR	___/___ MO YR	___/___ MO YR	___/___ MO YR
___ PER. #	___ NAME	___ # IF 0 (NC)	1 (E) 2 (F)	___/___ MO YR	___/___ MO YR	___/___ MO YR	___/___ MO YR	___/___ MO YR
___ PER. #	___ NAME	___ # IF 0 (NC)	1 (E) 2 (F)	___/___ MO YR	___/___ MO YR	___/___ MO YR	___/___ MO YR	___/___ MO YR
___ PER. #	___ NAME	___ # IF 0 (NC)	1 (E) 2 (F)	___/___ MO YR	___/___ MO YR	___/___ MO YR	___/___ MO YR	___/___ MO YR
___ PER. #	___ NAME	___ # IF 0 (NC)	1 (E) 2 (F)	___/___ MO YR	___/___ MO YR	___/___ MO YR	___/___ MO YR	___/___ MO YR
___ PER. #	___ NAME	___ # IF 0 (NC)	1 (E) 2 (F)	___/___ MO YR	___/___ MO YR	___/___ MO YR	___/___ MO YR	___/___ MO YR
___ PER. #	___ NAME	___ # IF 0 (NC)	1 (E) 2 (F)	___/___ MO YR	___/___ MO YR	___/___ MO YR	___/___ MO YR	___/___ MO YR

BOX 3

REFER TO HOUSEHOLD ROSTER

THE CURRENT CT IS THE SAME PERSON AS THE FORMER CT	1	(13)
THE CURRENT CT IS SOMEONE ELSE	2	(11 & 12)

11. What is the main reason that there is a new caretaker? (DESCRIBE FULLY)

____

____

____

____

12. With which caretaker did you primarily work since (DATE), was it the original caretaker or the new caretaker?

ORIGINAL CARETAKER	1
NEW CARETAKER	2

480

K. TYPE OF INSTITUTION	L. CASE PLAN GOAL	M. EXPECTED DATE FOR REACHING GOAL
IF (4) IN COL F. ASK: In what type of institution is (NAME)? ELSE GO TO L READ LIST A group home ....(01) An emergency shelter ....(02) A psychiatric hospital ....(03) A residential treatment facility ....(04) A place of detention, or ....(05) Some other kind of institution? What kind? (SPECIFY)..........(06) NOT IN AN INSTITUTION ..(96) CIRCLE CODE	What is the current case plan goal for (CHILD)? Is it . . . reunification with the household of origin. .... (1) placement with another relative, ... (2) adoption, ... (3) emancipation or independent living.......... (4) continued foster care. .... (5) or, is there no case plan goal at this time? (6) (ASK: What goal do you think should be set for this child? DK .... (8) IF 6. PUT CW OPINION OF GOAL IN BOX CIRCLE CODE	IF 1, 2, 3 OR 4 IN L., ASK M OR GO TO NEXT CHILD By what date do you expect the goal to be reached?
1 2 3 4 5 6 96 ________________	1 2 3 4 5 6 8 CW O ☐	☐☐ ☐☐ MO YR
1 2 3 4 5 6 96 ________________	1 2 3 4 5 6 8 CW O ☐	☐☐ ☐☐ MO YR
1 2 3 4 5 6 96 ________________	1 2 3 4 5 6 8 CW O ☐	☐☐ ☐☐ MO YR
1 2 3 4 5 6 96 ________________	1 2 3 4 5 6 8 CW O ☐	☐☐ ☐☐ MO YR
1 2 3 4 5 6 96 ________________	1 2 3 4 5 6 8 CW O ☐	☐☐ ☐☐ MO YR
1 2 3 4 5 6 96 ________________	1 2 3 4 5 6 8 CW O ☐	☐☐ ☐☐ MO YR
1 2 3 4 5 6 96 ________________	1 2 3 4 5 6 8 CW O ☐	☐☐ ☐☐ MO YR
1 2 3 4 5 6 96 ________________	1 2 3 4 5 6 8 CW O ☐	☐☐ ☐☐ MO YR
1 2 3 4 5 6 96 ________________	1 2 3 4 5 6 8 CW O ☐	☐☐ ☐☐ MO YR

AFTER LAST PERSON GO TO BOX 3

LIVING ARRANGEMENTS OF CHILDREN

F. RESIDENCE OF CHILDREN UNDER 18	G. (IN)VOLUNTARY PLACEMENT			H. DATE OF PLACEMENT	I.	J. FOSTER CARE
Where does (NAME) currently live? READ CATEGORIES At home. ....(1) In a relative's home. .....(2) With a non-relative. .....(3) In an institution. or ......(4) Somewhere else? (SPECIFY)..................(5) AGE 18 OR OVER......(6)	Was the placement voluntary or court-ordered?			In what month and year was (NAME) placed?	Has (CHILD) lived there continuously since (DATE)?	Is this a foster care placement?
CIRCLE CODE	CIRCLE CODE VOLUNTARY	COURT ORDERED	DK		Y N	Y N
1 (1) 2 3 4 5 6 ____________	1	2	8	___/___ MO YR	1 2	1 2 (NEXT PERSON
1 (1) 2 3 4 5 6 ____________	1	2	8	___/___ MO YR	1 2	1 2 (NEXT PERSON
1 (1) 2 3 4 5 6 ____________	1	2	8	___/___ MO YR	1 2	1 2 (NEXT PERSON
1 (1) 2 3 4 5 6 ____________	1	2	8	___/___ MO YR	1 2	1 2 (NEXT PERSON
1 (1) 2 3 4 5 6 ____________	1	2	8	___/___ MO YR	1 2	1 2 (NEXT PERSON
1 (1) 2 3 4 5 6 ____________	1	2	8	___/___ MO YR	1 2	1 2 (NEXT PERSON
1 (1) 2 3 4 5 6 ____________	1	2	8	___/___ MO YR	1 2	1 2 (NEXT PERSON
1 (1) 2 3 4 5 6 ____________	1	2	8	___/___ MO YR	1 2	1 2 (NEXT PERSON
1 (1) 2 3 4 5 6 ____________	1	2	8	___/___ MO YR	1 2	1 2 (BOX 3)

AFTER LAST PERSON GO TO BOX 3

LINE UP HOUSEHOLD ROSTER WITH LIVING ARRANGEMENTS COLUMN F - M

8. When we interviewed (you/NAME PREVIOUS CW) on (DATE), we listed all the people living in the (NAME) household. I would like to review that list with you. As I read each name, please tell me whether the person still lives in that household or not.

CHECK BOX WHEN DONE

- READ NAMES IN COL B OF HH ROSTER AND MARK P (PRESENT) OR A (ABSENT) IN MARGIN ☐
- REASK QUESTIONS C, D AND E FOR ANY PREVIOUSLY OMITTED DATA ☐
- FOR ALL FORMERLY PRESENT CHILDREN UNDER 18 ASK NEW F - M ☐

9. In addition to the child(ren) I mentioned, are there any other children in that household now, including any who may be in foster care?

YES .... 1 (a)
NO 2 (10)

a. What (is/are) the child(ren)'s name(s)?

- ENTER NEW CHILD(REN)'s FIRST NAME(S) IN COL B ON NEXT AVAILABLE PERSON # LINE ☐
- FOR ALL NEWLY ADDED CHILDREN UNDER 18, ASK C, D, E, OLD F AND G, NEW F - M ☐

10. In addition to the adult(s) that I mentioned, are there any other adults in the household, including any who may be living elsewhere at the present time?

YES .... 1 (a - c)
NO .... 2 (c)

a. What (is/are) the adults' name(s)?

- ENTER NEW ADULTS' FIRST NAME(S) IN COL B ON NEXT AVAILABLE PERSON # LINE ☐

b. FOR ALL NEWLY ADDED ADULTS, ASK C, D AND E. ☐

c. Who is currently the caretaker of the child(ren) in this household?

- PLACE A CHECK MARK (✓) IN COL A TO INDICATE THE CURRENT CARETAKER ☐

"PART OF THE CASE"

CHILDREN WHO ARE PART OF THE CASE INCLUDE ALL CHILDREN ABOVE LINE PLUS ANY CHILDREN ENTERED BELOW THE LINE WITH A YES IN OLD COL. G.

5. I would like (to verify) the address and phone number (I have) for the (NAME) family?

READ ORIGINAL CT's ADDRESS AND PHONE NUMBER ON CASE INFORMATION FORM.
IF NOT AVAILABLE, CHECK THIS BOX ☐ AND GO TO Q.7.

Is this the exact same address that you have?

YES	1	(BOX 2)
NO	2	(a)

a. What is the exact current address and phone number of the (NAME) family?

IF CWs INFORMATION DIFFERS IN ANY SMALL DETAIL, RECORD ENTIRE NEW ADDRESS BELOW.

____ ☐
# STREET APT # OR SINGLE DWELLING

____
CITY OR TOWN STATE ZIP CODE

PHONE NUMBER: __________/______________________
AC NUMBER

BOX 2

CT's ADDRESS HAS NOT CHANGED	1	(8)
CARETAKER'S ADDRESS HAS CHANGED	2	(6 & 7)

6. Does the family now live . . .

in an apartment or house for them alone,	1
in an apartment or house shared with relatives	2
in an apartment or house shared with non-family members,	3
in a shelter for homeless families or battered women, or	4
some other place? (SPECIFY) ______________	5

7. Is the home in which the (NAME) family lives rented or owned in the name of the caretaker or (his/her) spouse?

YES	1	
NO	2	(a)
DK/NOT SURE	8	

a. Who owns or rents the home? (What is that person's relationship to the caretaker)?

____
RELATIONSHIP TO CARETAKER

DK/NOT SURE 98

BOX 1

REFER TO CASE INFORMATION FORM

THIS IS A TREATMENT CASE	1	(2)
THIS IS A CONTROL CASE	2	(3)

2. According to our records this case has closed in Family Preservation Services. Is that correct?

YES, CLOSED IN FPS	1	(a & b)
NO, STILL OPEN IN FPS	2	THANK AND TERMINATE; RETURN CASE TO SUPERVISOR

a. In what month (and year) did the case close in Family Preservation Services?

_____/_____
MO YR

b. Is the case still open in the public child welfare agency?

YES	1	(4)
NO	2	
DK/NOT SURE	8	

3. Is there a private agency worker also serving this case?

YES	1	(a)
NO	2	(4)
DK	8	

a. Are you, or is the private agency worker primarily responsible for providing services?

RESPONDENT	1	(4)
PRIVATE AGENCY WORKER	2	THANK AND TERMINATE. RETURN CASE TO SUPERVISOR

4. On what date did you last visit the (NAME) family?

_____/_____/_____
MO DAY YR

HAVE NOT VISITED YET 00

Hello, my name is ______________________ and I'm calling from WESTAT in connection with the NATIONAL EVALUATION OF FAMILY SERVICES.

REFER TO CASE INFORMATION FORM FOR NAME OF CURRENT WORKER.

We interviewed [you/NAME PREVIOUS CASEWORKER (CW)] about the . . .

____ on ________/________/________.
(NAME OF CASE) MO DAY YR

IF NEW WORKER, READ A. ELSE SKIP TO Q.1

A. This study is about the delivery of services by the Public Child Welfare Agency. I'm now calling to get some follow-up information about this case.

1. We were told by the child welfare agency that you are (still) the caseworker who is assigned to the (NAME) family. Is that correct?

YES	1	(BOX 1)
NO	2	(a)

a. Do you know which caseworker is assigned to this family

YES	1	(b)
NO	2	THANK AND TERMINATE; RETURN CASE TO SUPERVISOR

b. What is that worker's name and phone number?

____
WORKER'S NAME

________/______________________
AC PHONE NUMBER

THANK AND TERMINATE. CHECK WITH SUPERVISOR BEFORE CONTACTING NEW WORKER. REPEAT INTRODUCTION.

(IF PHONE NUMBER UNKNOWN, REFER TO CIF, AND PLACE CALL TO NEW WORKER THROUGH MAIN AGENCY PHONE NUMBER.)

WESTAT ID

OMB No.: 0990-0210
Expiration Date: 04/30/99

NATIONAL EVALUATION OF FAMILY SERVICES

Caseworker Interview

Family Preservation Interim

TELEPHONE INTERVIEW

PREPARED FOR:

THE ASSISTANT SECRETARY
FOR PLANNING AND EVALUATION (ASPE)
DEPARTMENT OF HEALTH & HUMAN SERVICES

PREPARED BY:

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THE CHAPIN HALL CENTER
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